#### **REPORT DOCUMENTATION PAGE**

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4. TITLE AND SUBTITIE  Office, Department of Defense - Health Service Region 6, Through a  Comparative Analysis of Similar Health Plans:  5b. GRANT NUMBER  5c. PROGRAM ELEMENT NUMBER  6. AUTHORIS)  Captain Curt B. Prichard, USAF, MSC  6. AUTHORIS)  Captain Curt B. Prichard, USAF, MSC  6. TASK NUMBER  5f. WORK UNIT NUMBER  7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)  TRICARE Southwest, DoD Health Service Region 6  7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)  TRICARE Southwest, DoD Health Service Region 6  7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)  TRICARE Southwest, DoD Health Service Region 6  7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)  10. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)  11. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)  12. DISTRIBUTION/AVALABILITY STATEMENT  Approved for Public Release; Distribution is unlimited  12. DISTRIBUTION/AVALABILITY STATEMENT  Approved for Public Release; Distribution is unlimited  13. SUPPLEMENTARY NOTES  20040226 194  14. ABSTRACT  The Military Health System's (MHS) benefit program. TRICARE, is administered through a direct care system supported by a civilian network is 12 regional Managed Care Support Contracts (MCSCs). Lead Agens, whose offices serve not only to overed MCSC performance but also to manage the healthcare benefit program for MHS beneficiaries, monitor these regional contracts. As such, they are inundated with numerous merites, many of which are not optimal for strategies management. This graduate project identifies the critical performance indicators for the Region 6 Lead Agent Office (TRICARE Southwest) through a Decision Generator and Evaluatory Model, the performance measurements of TRICARE Southwest through a Decision Generator and Evaluatory Model, the performance measurements of TRICARE Southwest through a Decision Seast in developing an optimal performance measurements system for Region 6. The critical performance indicators dentified should all leaders in determining the "health" of the health plan	1. REPORT D	OATE (DD-MM-Y 08-1999	YYY) 2.	REPORT TYPE	Sinal Dana			3. [	DATES COVER		
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Running head: LEAD AGENT PERFORMANCE MEASUREMENT

Identifying the Critical Performance Indicators
for the TRICARE Lead Agent Office,

Department of Defense - Health Service Region 6,

Through a Comparative Analysis of Similar Health Plans:

A Graduate Management Project Submitted to the Faculty of the

U.S. Army-Baylor University for Successful Completion of

Requirements for the Master of Health Care Administration Degree

Curt B. Prichard
Captain, USAF, MSC

U.S. Army-Baylor University

Graduate Program in Healthcare Administration

09 April 1999

Approved for Public Release
Distribution Unlimited

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This effort to assist the Lead Agent Office in determining how they might best measure the performance of TRICARE in Region 6 is dedicated to all of the beneficiaries who utilize the Military Health System and depend on us as healthcare professionals to meet their needs. I attribute much of the value of this project to the support provided me by the staff of the Lead Agent Office and the Executive Team who gave me free access and information critical to the understanding of their I would also like to thank Lieutenant Paul Toland operations. and Major Troy McGilvra for their assistance with data collection as well as Captain Barna Lambert for her assistance in content analysis. I gratefully extend thanks to the entire staff of TRICARE Southwest for giving me a welcome place to call home during my residency. Their willingness to share, to assist, and to create a meaningful residency is much appreciated. And a special thanks to my preceptor Colonel Mark Loper, in whom I witnessed incredible talent and energy to reconstitute the professional performance and direction of the Lead Agent staff, MTF Commanders, and Contractor through leadership, collaboration, and visionary management. His compelling and unselfish desire to contribute to the continuous learning of Baylor students both past and present will long be remembered. Finally, I wish to thank my wife Gigi for her patient understanding and positive, encouraging support. These past two years of challenges, learning, and accomplishments would not have been possible without her help. Thank You.

#### Abstract

The Military Health System's (MHS) benefit program,

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Using a quantitative decision-making tool, known as the JUDGE (Judging Utility: a Decision Generator and Evaluator)

Model, the performance measurements of TRICARE Southwest were compared with those of TRICARE Northwest and PacifiCare of Texas. Critical performance indicators were identified for three core domains: health status, operations/member services, and cost accountability. An analysis provides the executive staff of TRICARE Southwest recommendations to assist in developing an optimal performance measurement system for Region 6. The critical performance indicators identified should aid leaders in determining the "health" of the health plan.

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Identifying the Critical Performance Indicators for the TRICARE Lead Agent Office, Region 6

#### Introduction

The objective of this Graduate Management Project (GMP) was to conduct an analysis of the performance measurement process at the office of the Lead Agent, TRICARE Southwest, Department of Defense (DoD) Health Services Region (HSR) 6. "The Lead Agent coordinates the delivery of health care and integrates the capabilities of the military treatment facility with those of the contractor's network" (Johnson, 1996). In order to accomplish this, the Lead Agent staff monitors a plethora of metrics in overseeing the Managed Care Support Contract (MCSC) as well as metrics surrounding the direct care system. For the TRICARE Program to be effectively and efficiently managed, it was imperative that the proper indicators be identified and categorized by core domain for not only operational management but also benchmarking capability. The Regional Executive Council (REC) are arguably the primary stakeholders for the Lead Agent, and their interests were considered in the performance measurement process. Furthermore, future Military Health System (MHS) rightsizing will likely involve Lead Agent consolidations that will necessitate a streamlined methodology of continuous quality improvement and a performance-based management system.

# Conditions Which Prompted the Study

In March 1995, the MHS began implementation of DoD's managed care program, TRICARE. Twelve HSRs were established in the Continental United States (CONUS) in each of which a MCSC would be awarded. These MCSCs would supplement the care delivered by the uniformed services' medical treatment facilities (MTFs) in providing healthcare to beneficiaries of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). As of June 1998, all DoD CONUS HSRs are operating a MCSC to provide care to their beneficiaries. Agents are responsible for MHS oversight of the MCSCs and have a variety of associated responsibilities. In November 1995, the Office of the Assistant Secretary of Defense (Health Affairs) (OASD) (HA) provided the Lead Agents, through the Service Surgeon Generals, guidelines "designed to clarify Lead Agents' roles without being prescriptive" (U.S. Department of Defense, 1995). Included in these guidelines was the charge to "participate in MHS metric standardization of data to be reported/used" (U.S. Department of Defense).

One month later, senior staff members of OASD(HA)

formulated a series of performance metrics that ultimately led

to the MHS Performance Report Card initiative. In September

1998, the MHS Performance Report Card initiative was replaced by

the TRICARE Operational Performance Statement (TOPS). TOPS is

"both a statement and an evaluation tool used by the leadership and staff of the TRICARE Management Activity (TMA) and the OASD-HA to get a snapshot of the performance of the MHS at quarterly intervals" (TRICARE Management Activity, 1998). The TOPS is not, however, designed to provide the Lead Agent with management feedback for regional improvement activities (Constantian, A., personal communication, October 19,1998).

Each MCSC specifies certain management reports to be provided to the government by the contractor, but these metrics are not standardized among the Regions. With TRICARE fully implemented, it is critical that the Lead Agents establish and monitor those performance indicators that facilitate effective decision-making. A literature review coupled with an analysis of the management indicators available to the Region 6 Lead Agent and those used by comparative organizations will help identify the critical performance measurements needed for optimal health plan oversight. The recommendations could potentially serve as a template for those TRICARE Lead Agents just beginning managed healthcare delivery or for consolidated Lead Agents.

# Statement of the Problem

Lead Agent offices are inundated with a variety of metrics generated both internally and externally. As they face reduced resources, those in leadership positions must be armed with a clear understanding of the critical indicators to be monitored. The question posed is: what performance measurements should be generated and monitored for the effective management of TRICARE in Region 6? This involves identifying the performance indicator candidates, categorizing them based upon Lead Agent core domains, verifying the quality, accessibility, and timeliness of the data, determining the indicators' strategic link, assessing the value of the indicators to stakeholders, and specifying the recommendations.

## Literature Review

Performance measurement in the healthcare setting refers to the use of process measures and outcomes to understand organizational performance and to affect positive change to improve care (Nadzam & Nelson, 1997). While the performance of hospitals has been measured for some time by various organizations, health plan accountability in the managed care setting is much newer (Spoeri & Ullman, 1997). A common term used to denote published summaries of plan performance for a specified period of time is "report card." A report card can

provide "information about clinical outcomes, costeffectiveness, and organizational performance in an era when
healthcare organizations are competing for marketshare and
consumers are demanding to be informed about their healthcare
providers" (Slovensky, Fottler, & Houser, 1998).

A large number and variety of organizations produce health plan report cards for three principal user groups: purchasers, consumers, and health plans (Allen & Rogers, 1996). Employers desire health plan quality information to assess the value that they are receiving for their expenditures on employee and retiree healthcare benefits. Report cards assist consumers in evaluating the various available health insurance options. Finally, health plans can use the information to assist in continuous quality improvement (CQI) efforts (Scanlon, Chernew, Sheffler, & Fendrick, 1998).

While in many cases the report card initiatives in the commercial sector have been voluntary responses to a perceived public or employer desire for comparative data, they are increasingly accomplished with an underlying goal of accreditation. The National Committee for Quality Assurance (NCQA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are likely the most reputable accrediting organizations with national performance measurement systems.

The NCQA's Health Employer Data and Information Set (HEDIS)

originated in 1989 by a coalition of employers and insurers seeking to establish standardized measurements for health plan comparison. JCAHO's initiative, Oryx, was introduced in February 1997 and allows organizations to build their own report cards (O'Malley, 1997).

Regardless of who develops them, report cards typically compare plans on one or more of the following types of information: "access to care, use of services, clinical indicators of quality such as immunization rates and surgical outcomes, measures related to finances and administrative efficiency, information on costs, and a variety of patient-derived measures including complaint data and results from member satisfaction surveys" (McGee & Knutson, 1994). The balance between administrative and clinical information included largely depends upon the intended users of the report card. As a result, those who develop report cards should employ a sound technical approach to measurement (McGee & Knutson).

Issues to consider when establishing the performance measurement system are "examining the appropriateness and feasibility of measures being considered for inclusion in report cards, standardizing definitions and formulas, determining sampling strategies and risk adjustments to be made, identifying limitations in the data, and discussing ways to avoid misinterpretation" (McGee & Knutson). Furthermore, health plans

must avoid focusing their resources solely on those items measured at the expense of other quality improvement activities that might be of greater importance to their own system and population needs. This necessitates that management personnel maintain a "big picture" view of the corporate environment (McGee & Knutson).

The literature identifies several other factors to consider as well when establishing performance measurement activities. In their article "Developing a Corporate-Level Performance Assessment System," Laffel, Thompson, & Sparer (1995) describe a medical center's experience in establishing a report card. They found a major issue to be considered is the tradeoff between brevity and comprehensiveness. This is certainly germane for health plans also as they evaluate the extensiveness of their metrics. Alsever, Ritchey, & Lima (1995) found that for the Sisters of Charity Healthcare System to demonstrate value in a report card system, clear goals had to first be identified while recognizing that "the automation of data collection and the ability to quickly analyze and trend data are critical to quality improvement."

"Health plans increasingly realize that quality management, including performance reporting, is critical to their competitive success" (Heinen, Peterson, Pion, & Leatherman, 1993). While Jackson & Kroenke (1997) indicate that competition

is a driving force only for non-Federal health care systems, recent governmental activities indicate otherwise. Increased Congressional interest in the MHS has resulted in not only numerous General Accounting Office studies on cost-effectiveness as compared to civilian health systems, but also the initiation of demonstration projects such as TRICARE Senior Prime and the Federal Employees Health Benefits Plan 65 (FEHBP-65). Without a doubt, leaders of the MHS' managed care program, TRICARE, must recognize the necessity of performance measurement processes.

Fundamental to their success will be the regional Lead
Agent staff's ability to benchmark their performance indicators.
Benchmarking can be defined as "the continuous process of
measuring products, services, and practices against the toughest
competitors or those companies recognized as industry leaders"
(Patrick & Alba, 1994). For Lead Agents, these comparisons
should not only include the federal healthcare industry leaders
but also civilian health plans that are increasingly becoming
competitors of the MHS. Numerous studies (Gordan, 1996; Jordan,
Straus, & Bailit, 1995; Joshi, 1994; Patrick & Alba, 1994)
highlight the benefits of benchmarking in healthcare and provide
lessons learned from previous initiatives.

"As the Department of Defense transitions to a capitated health care system modeled after managed care organizations, assessment and accountability of system effects on the quality

of health care delivery are critical" (Jackson & Kroenke, 1997). This challenge is exacerbated by the primary readiness mission of the MHS (Paul, 1997). In order to appropriately define the critical performance indicators, the Lead Agent executive staff "must view the reporting process as important from a strategic perspective, and establish processes and allocate resources to produce a report in an efficient and cost-effective manner that will meet the information needs of key stakeholders" (Slovensky et al, 1998).

#### <u>Purpose</u>

The purpose of this study is to identify the critical performance metrics to support executive decisions in the management of TRICARE Southwest. As suggested in the literature review, this will involve: assessing the performance indicators currently in use, exploring the quality improvement initiatives of other federal as well as civilian health plans, determining the interests of the executive management and key stakeholders, verifying the capabilities for collecting quality, accessible, and timely data, and recommending a performance measurement system for establishment at the Lead Agent Office, DoD HSR 6.

#### Methods and Procedures

The strategy for accomplishing this GMP involved naturalistic inquiry, qualitative data collection, and content analysis using a decision-making tool (Patton, 1989). This approach provided the best avenue for ensuring a flexible process for the identification of a value-added performance measurement system. Naturalistic inquiry involved the observation of internal and external Lead Agent Office operations (e.g. the Regional Executive Council meetings, the MCS Contractor's Program Management Reviews, and the Lead Agent staff's strategic planning sessions) and the investigation of two other managed care organizations' performance measurement activities. The qualitative data collected would then be systematically compared, using a decision-making tool, to determine the optimal performance indicators.

## Data Collection

The existing management metrics for TRICARE Southwest were obtained through a variety of sources. This included interactions with Lead Agent staff members, involvement with the contractor's Program Management Review meetings, and participation in the Lead Agent staff's strategic planning sessions. This effort was timely as the Office of the Region 6 Lead Agent underwent reorganization in Winter 1998-99, and new

leadership sought opportunities for improvement under a visionary management framework.

There were numerous metrics gathered, and all were categorized by description, point of contact, source, and frequency of monitoring. The Contract Data Requirements Listings (CDRLs) specify reports and metrics that the Managed Care Support Contractor is required to submit to the Government. Of the hundreds of CDRLs originally identified for contract monitoring, the Lead Agent staff has narrowed the necessary regional submissions to 63, which were included in the study. Over 180 metrics reviewed through the Program Management Review were also catalogued in the list of existing measurements. Finally, the metrics established for the TRICARE Senior Prime Program were included. These metrics were identified by the TRICARE Senior Prime Quality Council as the performance indicators for their health plan. The listing of existing metrics for TRICARE Southwest is identified in Appendix A.

In order to provide an appropriate comparison, the performance measurement activities of the TRICARE Northwest Lead Agent Office (HSR 11) and a local civilian health plan, PacifiCare of Texas, were also selected for assessment. Region 11 provided an example of another DoD Lead Agent's approach with the same MCS contractor. Furthermore, TRICARE Northwest was a more mature region and had more experiences to draw upon. Their

metrics are listed in Appendix B and include the metrics supporting their "Border to Border Goals and Objectives" and selected ones from the Region 11 Program Management Review.

PacifiCare served as an example of another plan's activities within the same geographical region. As a non-governmental health plan, it also facilitated some other unique comparisons. PacifiCare's metrics are included in Appendix C and include metrics that reflect their for-profit status.

Once the existing metrics for TRICARE Southwest, TRICARE Northwest, and PacifiCare were collected, the second step was to determine their candidacy as critical performance indicators for TRICARE Southwest. All metrics were considered as candidates unless one of the following conditions applied: (1) the identified measurement was not actually a metric (e.g. a narrative report such as a network provider listing); (2) the measurement was an MTF, FHFS, or external-organization specific metric (e.g. an operating profit margin); or (3) the measurement was not a metric for executive level management consideration (e.g. a total number of surveys processed). When there was any uncertainty, the point of contact for the metric was queried regarding the potential candidacy. These determinations are included in the respective metrics' listings in appendices A, B, and C.

The next step in the critical performance indicator identification process was to determine the core domains or performance drivers for TRICARE Southwest and to verify primary stakeholder acceptance. The Executive Staff, during a strategic management off-site meeting, identified the organization's 3 core domains: health status, operations/member services, and cost accountability. Subsequently, the Executive Staff drafted a goal for each domain. The 3 domains and their goals were clearly supported by the agenda of a primary stakeholder in the performance measurement process, the Regional Executive Council (REC).

The REC's membership is comprised of the MTF Commanders within the Southwest Region, to include 13 Air Force facilities, 4 Army facilities, and 1 Navy facility. The REC meets on a quarterly basis and discusses issues facing the TRICARE program. As a part of this process, they define the Critical Initiatives for the Lead Agent staff to target as opportunities for performance improvement activities. The most recent REC meetings were held in November 1998 and February 1999, during which their discussions and decisions supported the core domains and goals for regional performance measurement. Members of the REC agreed that the role of the Lead Agent's Office is not solely to monitor contract compliance, but to serve as a partner with the Managed Care Support Contractor in an effort to build

and maintain the best healthcare system possible. As such, these key stakeholders expect the Lead Agent staff to identify and track the fundamental measurements for operating a successful, regional healthcare delivery system.

In this effort, the next step was to organize the potential critical performance indicators by the 3 core domains and specific metric types. This step is important to ensure that the final metrics identified, following the content analysis, can assist the Executive Staff in determining, for each goal, potential objectives that are definable and measurable. This also allowed the combination of metrics from the 3 organizations, to eliminate redundancy and produce a consolidated list of critical performance indicator candidates. Table 1 depicts the 14 resulting categories for content analysis.

Table 1

<u>Categories for Content Analysis</u>

Health Status (Appendix D)	Operations/ Member Services (Appendix E)	Cost Accountability (Appendix F)					
Utilization		Enrollment Based					
Management	Provider Services	Capitation					
Quality Management	Customer Service	Resource Sharing					
Case Management	Customer Satisfaction	Claims Processing					
Health Care							
Information Lines	Enrollment	Pharmaceuticals					
Clinical Indicators	Access to Care						

### Content Analysis

The next stage in the process of identifying the critical performance indicators for TRICARE Southwest involved the use of a quantitative decision-making tool, known as the JUDGE (Judging Utility: a Decision Generator and Evaluator) Model. The JUDGE model provides an analytical method of making a decision and provides a mathematical best choice. However, the user of the model may have to consider additional factors before making the final decision. Using the JUDGE Model allowed the potential performance indicators identified for Region 6 to be compared with those of TRICARE Northwest and PacifiCare of Texas, by core domain and metric type.

The first step of the model was to specify the attributes of competing alternatives. In this case, that involved specifying the important attributes of a good metric. Seven attributes were used to describe the potential metrics: data quality, data accessibility, data timeliness, data actionable, strategic link, external benchmark, and stakeholder value.

The attributes used were identified in the literature

(Gundacker, 1998; National Performance Review, 1997; Roadman,

1999) as fundamental characteristics of good performance

measurements. Data quality, listed first, refers to the

accuracy of the metric's source data. Secondly, the data's

accessibility indicates the ease or difficulty in obtaining the

metric's source data. The currency of the metric's source data is assessed by the third attribute, data timeliness. The fourth attribute, termed data actionable, refers to the meaningfulness of the metric and the degree to which it facilitates executive level decision-making. The fifth attribute identified as strategic link indicates whether or not the metric is aligned with the TRICARE Southwest's mission, vision, and goals. Sixth, external benchmark evaluates the proliferation of the metric among the 3 organizations. Finally, the seventh attribute, stakeholder value, compares the metric to the critical initiatives and key interests of TRICARE Southwest's primary stakeholder, the REC.

The second step of the model was to rate the attributes.

Each attribute was rated on a 9-point scale. The bipolar relative rating scale is anchored at each point, with the measurement of 1 representing extremely undesirable and 9 representing extremely desirable. While none of the attributes are undesirable, their significance in the identification of the critical performance indicators is scored relative to one another.

Ratings were then recoded and rescaled (step three) so that a neutral point of zero could be obtained. This was accomplished by subtracting 5 from each of the ratings previously assigned on the 9-point scale. The ratings were then

rescaled by multiplying the recoded ratings by a scaling factor of 5.56. This factor is used so that the rescaled ratings sum to 100. The same initial and recoded ratings were included in all 14 JUDGE Model calculations that are found in Appendix G.

Step four was to identify the alternatives. There are a multitude of metrics in the healthcare industry. Again, the alternatives were limited to those critical performance indicator candidates that are: (1) already used at TRICARE Southwest, (2) used at TRICARE Northwest, and (3) used at Pacificare of Texas. Writing the alternative equations in linear form produces the following:

- Alternative A (Current Metric at TRICARE SW):  $Y^{(1)} = {}_{1}W_{1}V^{(1)} + {}_{1}W_{2}V^{(2)} + \dots + {}_{1}W_{10}V^{(10)}$
- Alternative B (Metric at TRICARE NW):  $Y^{(2)} = {}_{2}w_{1}V^{(1)} + {}_{2}w_{2}V^{(2)} + \dots + {}_{2}w_{10}V^{(10)}$
- Alternative C (Metric at PacifiCare of TX):  $Y^{(3)} = {}_{3}w_{1}V^{(1)} + {}_{3}w_{2}V^{(2)} + \dots + {}_{3}w_{10}V^{(10)}$

where Y is the alternative, w is the attribute's utility, and V is the rescaled rating.

Step six was to judge each attribute's utility in relation to each attribute. Table 2 indicates the method used in determining the utility of each attribute:

Table 2

Methods Used to Determine Attribute Utility

Attribute Number	Attribute Description	Method Used For Determining Utility	Source
1	Data Quality	Data Review	LA Info Mgt
2	Data Accessibility	Data Review	LA Info Mgt
3	Data Timeliness	Data Review	LA Info Mgt
4	Data Actionable	Data Review	Resident
5	Strategic Link	Exec. Interaction	Resident
6	External Benchmark	Data Review	Resident
7	Stakeholder Value	REC Review	Resident

The utility for attributes 1-3 was based on the responses of the Lead Agent's Chief of Data Quality and Analysis, Captain Barna Lambert, as she investigated the metrics. For attributes 4-7, the utility of each attribute was judged using a subjective, "best estimate" method based upon the Resident's interactions with the Executive Management Team, Lead Agent Staff Members, the Regional Executive Council, and representatives of the two external organizations. This involved assessing the importance of the metric to the organization based upon its need in executive level decision-making activities.

Step seven was a comparison of alternative decision indices. Calculating a weighted composite score for the alternatives for each attribute allowed a comparison of alternatives. The weighted composite score was calculated by multiplying the valence for each attribute by the weights for each alternative.

Evaluation of the decision components was the eighth step. Appendix G shows the final attribute scores for each alternative. After reviewing these attributes it was decided that no adjustment to ratings or weighted values would be necessary. The final step of the model is to determine the conclusion. Based upon the JUDGE model analyses, scores were calculated for each metric type and are also included in Appendix G.

#### The Results

## Health Status

JUDGE Model calculations under the health status core domain were accomplished for utilization management, quality management, case management, clinical indicators, and healthcare information lines. For all five metric types, TRICARE Southwest's method scored highest. With the exception of healthcare information lines (which PacifiCare data did not include), PacifiCare's method scored second for each of the metric types. Several explanations exist for these findings.

The success of the TRICARE Southwest performance indicators for health status is largely due to the metrics that were included from the TRICARE Senior Prime demonstration. The utilization management, quality management, and case management metrics that are being used with the Senior Prime population

should also be considered for use with the Prime population.

This would mirror the practice used by PacifiCare, whereby

metrics examined for the senior population are also measured for
their commercial product. Furthermore, it should be noted that
the clinical indicators of PacifiCare outscored those of TRICARE

Southwest on the attributes of data actionable, strategic link,
and stakeholder value. However, the pervasive lack of quality,
accessible, and timely MHS clinical data from the TRICARE

Southwest perspective largely prohibits PacifiCare's clinical
indictors from usage at the Region 6 Lead Agent.

While TRICARE Northwest certainly has metrics measuring health status, their minimal representation in the metric types examined resulted in lower scores. Since TRICARE Northwest also includes a TRICARE Senior Prime demonstration, it is likely that they actually have more clinical metrics than were included in this study. Finally, their measurement for the healthcare information line is identical to that used by TRICARE Southwest, since the metric is a CDRL of the MCSC, Foundation Health Federal Services.

# Operations/Member Services

JUDGE Model calculations under the operations/member services core domain were accomplished for provider services, customer service, customer satisfaction, enrollment, and access

to care. The results for this core domain were mixed across the three organizations, and there were some noteworthy trends.

TRICARE Southwest scored highest for both provider services and customer service. The importance of examining network adequacy coupled with issues such as provider satisfaction highlighted Region 6's efforts. Measuring customer service metrics are included in the quarterly performance management review of the MCSC, and emphasize compliance with contractual standards. PacifiCare, however, best measured customer satisfaction, through a process examining member complaints.

TRICARE Northwest scored highest for measuring enrollment as well as access to care. While the comprehensive list of metrics surrounding enrollment is similar between Regions 11 and 6, TRICARE Northwest has carefully extracted those specific performance measurements that are worthy of executive oversight. This resulted in higher weighted composite scores for their enrollment indicators. In measuring access to care, TRICARE Northwest excels by examining not only the civilian network compliance with access standards, but also the performance of the regional MTFs or the direct care system. This provides Region 11's executive team with a snapshot of the entire region's performance.

# Cost Accountability

JUDGE Model calculations under the cost accountability core domain were accomplished for enrollment based capitation, resource sharing, claims processing, and pharmaceuticals.

TRICARE Northwest performance indicators scored a perfect 100 for three of the metric types: enrollment based capitation, resource sharing, and pharmaceuticals.

Enrollment based capitation (EBC) and resource sharing are reflective of relatively new business practices for the MHS. In fact, EBC has not yet been implemented as a funding methodology for the MHS. Anticipating this future budgeting methodology, TRICARE Northwest monitors performance indicators both interand intra- regionally to assess their health plan's financial condition. While TRICARE Southwest is aware of resource sharing target savings versus actual savings, TRICARE Northwest monitors this regularly as a formal objective. Moreover, their executive staff also monitors regional pharmaceutical costs through inventory levels, utilization summary, and other health insurance off-sets. Data from PacifiCare did not indicate any monitoring activity surrounding pharmaceuticals.

Claims processing metrics for TRICARE Northwest scored just higher than those of TRICARE Southwest. Claims processing has increasingly become an area of focus for the MHS, and as a result, are receiving additional attention by performance

measurement activities. Areas of emphasis include claims' inventory levels, electronic claim volumes, and top five denial reasons. Two of TRICARE Northwest's "Border to Border" objectives are targeted at improving claims processing activities.

### Limitations

As with any research effort, limitations of the study did exist. The procedures used in the data collection and content analysis phase required some amount of subjective interpretation by the resident and organizational points of contact. Attempts were made, however, to reduce the influence of subjectivity by establishing decision-making criteria and using the quantitative JUDGE Model. Furthermore, Regions other than 6 and 11 might be able to benefit from this GMP effort, but the recommended performance indicators are specific to Region 6 and reflect the perspective of TRICARE Southwest. Those Regions just beginning healthcare delivery may be slow in establishing the processes to collect the appropriate data and will also need to measure other metrics associated with a new MCSC.

#### Discussion

Clearly, the findings of this research provide some applicable information for Office of the Lead Agent. Comparing

TRICARE Southwest with TRICARE Northwest and PacifiCare of Texas yielded both similarities and differences that are noteworthy. Furthermore, the key characteristics of the critical performance indicators spotlight the fundamental requirements of appropriate health plan metrics. Finally, there are challenges that must be faced and, more importantly, addressed before an appropriate performance measurement system can be implemented. These issues (similarities/differences, key traits, and challenges) are addressed in detail below.

# Similarities and Differences

As might be expected, the similarities among the three organizations were most often between the two DoD entities. The fact that both Lead Agent Offices work with the same Managed Care Support Contractor results in common CDRLs in many instances. Other similarities noted were the metrics established by TRICARE Southwest for the TRICARE Senior Prime program and the metrics used by PacifiCare for their senior citizen product line, Secure Horizons. This is largely due to the requirements that the Health Care Financing Administration (HCFA) places on health plans for Medicare patients.

The differences among the metrics of the three organizations also highlight some interesting points.

PacifiCare of Texas, as a for-profit company, certainly had more

financial measurements than the two federal organizations.

These measurements not only addressed cost accounting but also revenue management. Additionally, it should be noted that PacifiCare largely monitored the same metrics for both their commercial and senior product lines. Whereas, TRICARE Southwest segregates their existing performance measurement processes.

Finally, TRICARE Northwest grouped their metrics by the organization's goals and objectives, while TRICARE Southwest does not have an existing system in place for indexing the metrics utilized.

### Key Traits

Regardless of the source organization, the critical performance indicators identified possess some key traits that contribute extensively to their effectiveness as management metrics. For those metrics that address the health status of the population, an important feature was a focus on conditions that are principally treatable through modification of health behaviors. This provides the organization with targeted opportunities for health promotion and preventive medicine efforts with the goal of improved patient outcomes. Examples include smoking cessation, cardiovascular exercise, and nutritional education for health plan membership. Another focus of health status metrics is the utilization of health services.

The organization can use this information to consider the deployment of demand management techniques as well as to determine the acuity level of their health plan membership.

The critical performance indicators for operations and member services also have some distinguishing features.

Compliance with standards is important for ensuring access to care, and it also impacts customer satisfaction levels. Member services such as toll-free telephone lines must be monitored rigorously to ensure that customers receive timely, accurate information. In addition, enrollment processes must be clearly defined and efficient, not only to expedite eligibility verification but more importantly to provide health plan members with the tools needed to access health services. Finally, provider-focused metrics must address credentialing processes and network adequacy.

Cost accountability has become increasingly important for Lead Agent Offices. With the potential implementation of Enrollment Based Capitation, the fiscal state of the region must be assessed proactively so that proper arrangements are established with the Managed Care Support Contractors. TRICARE Northwest has established metrics to accomplish this, providing true indicators of a critical performance area. Resource sharing opportunities must also be identified and evaluated to determine potential savings. Another area that has drawn

national attention for TRICARE, more so than civilian health plans, is claims processing. Several critical performance indicators for claims processing should be monitored regularly to maintain productive relationships with civilian network providers.

# Challenges for Implementation

Undoubtedly, there are some formidable challenges for TRICARE Southwest as they seek to establish an effective performance management system. Issues surrounding data quality should be addressed regionally, just as they currently are at the DoD level. It is also vital that the Lead Agent Office hold the entire health system accountable and not solely the contracted portion. Moreover, for a performance measurement system to be implemented, TRICARE Southwest's executive team should focus its sights on the strategic landscape they are facing. This requires that they identify the internal organization's strengths and weaknesses and the external environment's opportunities and threats.

From discussions with and actions of MHS leadership, it is clear that several concerns surround data quality. The usage of multiple information systems, that are often incompatible, hamper data extraction. Issues surrounding the uncertain accuracy of the data that is collected give rise to speculation

among decisionmakers. The lack of standard business practices among the three services (Army, Navy, and Air Force) further exacerbates the problem. To address these and other data quality concerns, national MHS organizations, such as TMA, are creating teams focused on data management. A continuous improvement approach will be necessary to navigate this complicated terrain, and TRICARE Southwest should plan to address these hurdles from the regional perspective.

A second major challenge for the Lead Agent Office in establishing performance measurement processes is the disparity that exists between the MTFs and civilian provider networks. While Lead Agent staff members aggressively monitor the MCS Contractors performance, MTFs are not held accountable for the This is due to the lack of command and control same results. authority of Lead Agents over the MTFs in TRICARE Regions. three services maintain authority over their respective facilities. This presents a tremendous obstacle for effective and efficient operations from a regional health plan perspective. Notwithstanding the current MHS structure, Lead Agent Offices, such as TRICARE Southwest, can seek to identify MTF performance deficiencies through a systems approach and through tactful, diplomatic relationships improve overall MHS performance.

Finally, TRICARE Southwest must build upon clearly defined goals and objectives as they address performance measurement activities. The organization currently has three overarching goals: (1) optimize the health status or the regional population; (2) optimize member-focused services for the regional population; and (3) optimize fiscal performance in the region. The critical performance indicators identified for each of the 3 core domains and the aforementioned related goals should assist the executive staff in determining measurable objectives. Once established, these foundational elements should provide TRICARE Southwest with the basis for an effective performance measurement system.

#### Conclusions and Recommendations

As the Region 6 Lead Agent Office prepares for future MHS rightsizing and potential restructuring, a well established performance measurement system that monitors the critical performance indicators will provide a mechanism for executive management decision support. Through a comparative analysis of similar health plans, the critical indicators have been identified for each of the core domains. Appendix H provides a matrix that lists, by their core domains, the critical performance indicators identified through the JUDGE Model calculations and provides executives a tool to indicate

applicability across the TRICARE Southwest's "Family of Health Plans."

This GMP wholeheartedly concurs with the fundamental elements required for an effective performance measurement process as identified in 1997 by the National Performance Review. The central findings of the "Benchmarking Study Report" were:

- Leadership is critical in designing and deploying effective performance measurement and management systems.
- A conceptual framework is needed for the performance measurement and management system.
- Effective internal and external communications are the keys to successful performance measurement.
- Accountability for results must be clearly assigned and well understood.
- Performance measurement systems must provide intelligence for decisionmakers, not just compile data.
- Compensation, rewards, and recognition should be linked to performance measurements.
- Performance measurement systems should be positive, not punitive.
- Results and progress toward program commitments should be openly shared with employees, customers, and stakeholders.

The executive staff of TRICARE Southwest should consider these tenets of quality management as they further develop their performance measurement processes.

Without a doubt, the MHS will continue to face budgetary pressures. Identifying the critical performance indicators for regional management of TRICARE is simply the beginning of the continuous improvement efforts that should be sought. Future research should be targeted toward improving the overall operations of the TRICARE program through trend analyses and business practice enhancements. Furthermore, additional studies to determine specific benchmarking opportunities with civilian health plans would benefit the MHS as it seeks to implement the industry's best practices.

The Lead Agent Office of Region 6 is well positioned for a dynamic future. In their quest to optimize MHS performance, the established core domains and goals provide targets to guide the arrows of effort. A comparison with similar health plans allowed the identification of critical performance indicators to be monitored. Through consistent assessment activities, TRICARE Southwest can translate vision into reality and truly become the premier MHS health plan.

Appendix A

TRICARE Southwest

Existing Metrics

	<b>///</b>	TRICARE Southwest Performance Indicators	ormance indicators				
۱ -	777	Existing Management Metrics:			CRITICAL		
Southwest	X O S T				PERF. IND.	DENIAL	
	REF#	TITLE	POC	SOURCE	CANDIDATE	REASON*	FREO.
000	7004	Document Agreements	CCI D/Maior Valdez	בחנט	Ş	4	Oustanto
אלט	1004	Resource Straining Agreements	SGLNINIAJOI VAIUEZ		2	-	Guai Icii y
CDRL	A004	Resource Support Report	SGLR/Major Valdez	FHFS	9	က	Quarterly
CDRL	A005	Provider Satisfaction Report	SGLB/Lt Col Jones	FHFS	ON.	1	Annually
CDRL	A006	Beneficiary Satisfaction Report	SGLB/Lt Col Jones	FHFS	9	1	Quarterly
CDRL	A008	Contractor Weekly Status Report	SGLB/Lt Col Jones	FHFS	ON.	1	Quarterly
CDRL	A009	Quality Management Activity Report	SGLC/Major(s) Ryan	FHFS	ON	1	Quarterly
CORL	A00A	Catchment Area-Specific Meeting Minutes	SGLU/TSgt Osborne	FHFS	ON.	1	Quarterly
CDRL	A00B	Enrollment Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A00C	Health Care Finder Activity Report	SGLU/TSgt Osborne	FHFS	ON.	က	Quarterly
CDRL	A00E	Network Adequacy Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A00F	Resource Sharing Reporting & Certification Report	SGLR/Major Valdez	FHFS	9	-	Quarterly
		OCHAMPUS Contractor Monthly Workload Report					
CDRL	A000	in-System	SGLB/Lt Col Jones	FHFS	9	ო	Quarterly
		OCHAMPUS Contractor Monthly Workload Report-					
CDRL	AOOR	out-of-System	SGLB/Lt Col Jones	FHFS	ON	ş	Quarterly
		OCHAMPUS Contractor Monthly Cycle Time/Aging					
CDRL	A00S	Report-in-System	SGLB/Lt Col Jones	FHFS	Q	3	Quarterly
		OCHAMPUS Contractor Monthly Cycle Time/Aging					
CDRL	A00T	Report-out-of-System	SGLB/Lt Col Jones	FHFS	ON.	3	Quarterly
CDRL	A00U	Status Location Report	SGLB/Lt Col Jones	FHFS	ON.	-	Quarterly
CDRL	AOOW	CHAMPUS Fraud & Abuse Summary Report	SGLB/Lt Col Jones	FHFS	ON NO	1	Quarterly
CDRL	A00Y	Quarterly Provider Representatives Report	SGLB/Lt Col Jones	FHFS	ON	-	Quarterly
CDRL	A00Z	Contractor Weekly Report	SGLC/Major(s) Ryan	FHFS	YES		Weekly
CDRL	A010	Toll-Free Telephone Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A015	Utilization Management Report	SGLU/TSgt Osborne	FHFS	ON	3	Quarterly
CDRL	A017	Quarterly News Bulletin	SGLO/Major Richard	FHFS	ON	1	Quarterly
CDRL	A019	Provider and Beneficiary on Prepayment Review	SGLB/Lt.Col Jones		ON	1	Quarterly
CDRL	A01A	Case Management Report	SGLU/TSgt Osborne		ON	3	Quarterly
CDRL	A01B	Health Care Services Dollars Paid Report	SGLR/Lt Col Carden	FHFS	9	ဇ	Quarterly

7	VV	TRICARE Southwest Performance Indicators	informance Indicators				
	33						
TRIC	ARE	Existing Management Metrics:			CRITICAL		
Southwe	Vost				PERF. IND.	DENIAL	
	REF #	TITLE	Poc	SOURCE	CANDIDATE	REASON:	EREO.
CDRL	A01C	Quarterly Financial Statement	SGLR/SSgt Benson	FHFS	9	က	Quarterly
CDRL	A01D	Annual Audited Financial Statements	SGLR/TOM/RJ	FHFS	9		Annually
CDRL	A01G		SGLB/Lt Col Jones	FHFS	Q.	-	Quarterly
CDRL	A01H	TRICARE Service Center Telephone Report	SGLB/Lt Col Jones	FHFS	2	8	Quarterly
CDRL	A01J	Clinical Quality Management Annual Report	SGLU/TSgt Osborne	FHFS	2	-	Annually
CDRL	A01M	Enrollment Program Progress Reports	SGLB/Lt Col Jones	FHFS	9	-	Quarterly
CDRL	A01N	Staffing Level Report	SGLB/Lt Col Jones	FHFS	9	-	Quarterly
CDRL	A01P	Audits	SGLC/APM/Major(s)	FHFS	2	3	Quarterly
CDRL	A010	Report of Clinical Quality Management Program	SGLU/TSgt Osborne	FHFS	9	3	Quarterly
CDRL	A01R	Network Newsletters	SGLB/Lt Col Jones	FHFS	2	-	Quarterly
CDRL	A01S	Health Care Information Report	SGLP/Lt Col Blamire	FHFS			Quarterly
CDRL	A01AA	man	SGLU/CPM/TSgt Os	FHFS	ON.	-	Quarterly
CDRL	A01AB		SGLP/Lt Col Blamire	FHFS			Quarterly
CDRL	A01AC	G	SGLU/TSgt Osborne	FHFS	ON.	3	Quarterly
CDRL	A01AD	Ms	SGLU/TSgt Osborne	FHFS	Q.		Quarterly
CDRL	A01AE	Đ.	SGLP/Lt Col Blamire	FHFS	9	3	Quarterly
CDRL	A01AF		SGLU/TSgt Osborne	FHFS	Q	-	Quarterly
CDRL	A01AG		SGLB/Lt Col Jones	FHFS	Q	1	Quarterly
CDRL	A01AH	CHAMPUS Representatives Visit Plan (Quarterly)	SGLB/Lt Col Jones	FHFS	Q.	1	Quarterly
CDRL	A01AI	Consultative Efforts and Status Report	SGLB/Lt Col Jones	FHFS	Q.	1	Quarterly
		MTF Specific HMO Development Plans(A01AJ is					
CDRL	A01AJ	included in A01AI)	SGLB/Lt Col Jones	FHFS	2	-	Quarterly
CDRL	A01AK	MTF Specific Summary Report	SGLC/APM/Major(s)	FHFS	9	3	Quarterly
CDRL	A01AL	Development of Two Clinical Pathways	SGLC/CPM/TSgt Os	FHFS	ON.		Quarterly
CDRL	A01A0	List of All Network Providers	SGLB/Lt Col Jones	FHFS	9		Quarterly
CDRL	A01AS	Inappropriate Admissions	SGLU/TSgt Osborne	FHFS	9	1	Quarterly
	A01AT	Report of Number & Percentage of NASs	LAU	FHFS	Q.	3	Quarterly
	A01AU 03-09	A01AU 03-09 Monthly Utilization Management Reports	SGLU/TSgt Osborne	FHFS	ON	8	Monthly
CURL	A01AY	Preventative Reports	LAP	FHFS	<b>Q</b>	+	Quarterly
CDRL		SHCP Monthly Workload Report	SGLB/Lt Col Jones	FHFS	ON.	3	Monthly

	<b>///</b>	TRICARE Southwest Performance Indicators	formance indicators				
	1						
10-0	777	Existing Management Metrics:			CRITICAL		
- T	X 0 5 1				PERF. IND.	DENIAL	
	REF#	IIIE	Poc	SOURCE	CANDIDATE REASON*	<b>REASON</b> *	EREO.
		CHCBP Claims & Correspondence Monthly					
CDRL		Cycle/Time Aging & Workload Reports	SGLB/Lt Col Jones	FHFS	ON.	က	Monthly
		Medicare Drug Claims & Correspondence Monthly					
CDRL		Cycle/Time Aging & Workload Reports	SGLB/Lt Col Jones	FHFS	2	က	Monthly
CDRL		Quarterly Claims Processing	SGLB/Lt Col Jones	FHFS	2	က	Quarterly
CDRL		Pharmacy Quarterly Report	SGLB/Lt Col Jones	FHFS	2	-	Quarterly
CDRL	AOOM	Annual Management Quality Control Plan	SGLU/Lt Col Stonue	FHFS	2	-	Annually
CDRL	A01W	Annual National Quality Monitoring Plan	SGLU/Lt Col Stonue	FHFS	2	-	Annually
		Annual Utilization Management Program Plan					
CDRL	A00G	w/Revisions	SGLU/Lt Col Stonue	FHFS	2	-	Annually
		Annual Clinical Quality Management Program Plan					
CDRL	A00H	& Grievance Plan	SGLU/Lt Col Stonue	FHFS	9	-	Annually
		Suggestion Box Responses from TRICARE Svc.					
CDRL		Centers (June 1998)	SGLC/Mr. Chippie	FHFS	9	-	Quarterly
TSP		Credentialing	,				
TSP		# adverse actions	SGLOS	MTFs	YES		Quarterly
TSP		# privileged providers by specialty	SCLOS	MTFs	YES		Annually
TSP		#privileged providers by adverse actions	SOTOS	MTFs	YES		Annually
TSP		Appeals and Grievances					
TSP		total number (%) appeals	TSgt Osborne		YES	1	
TSP		total number (%) grievances	TSgt Osborne	4	YES		
TSP		total number outstanding appeals	TSgt Osborne	5	YES		
TSP		total number outstanding grievances-	TSgt Osborne	5	YES		
TSP		Consumer Satisfaction					
TSP		Results of CAHPS	SCLOS	HCFA	ON O	2	Annually
TSP		Provider Satisfaction					
TSP		Results of survey	LTC Minderler	4	YES		Annually
TSP		Status of workplan					
TSP		Results reported quarterly	LTC Minderler	\$	Q N	က	Quarterly

	AAA	TRICARE Southwest Performance Indicators	orformance Indicate	STC.			
	3						
TR C	ARE	Existing Management Metrics:		,	CRITICAL		
Southwest	Wost				PERF. IND.	DENIAL	
	REF#	TITLE	Poc	SOURCE	CANDIDATE	REASON*	FREO.
TSP		MN					
TSP		ER visits per 1000 enrollees	SOTOS	CEIS	YES		Quarterly
TSP		Hospital admissions per 1000 enrollees	SOLOS	CEIS	YES		Quarterly
TSP		Specialty referrals per 1000 enrollees	SOLOS	FHFS	YES		Quarterly
TSP		Average LOS by DRG	SCLOS	CEIS	YES		Quarterly
TSP		Outpt visits per specialist per 1000 enrollees	SCLOS	CEIS	YES		Quarterly
		Skilled nursing facilities referrals per 1000					
TSP		enrollees	SCIOS	FHFS	õ	8	Quarterly
TSP		Home health agency referrals per 1000 enrollees	SOISS	EHEG	2	C	
		Proportion of enrollees accepted for case			2		Cual terry
TSP		managers among those considered	SCLOS	FIFE	2	0	Ousrteriv
		Proportion of enrollees with at least one visit per					
TSP		Уг	SCLOS	CEIS	2	8	Annually
		Proportion of enrollees with at least 5 or more					
TSP		visits per year	SCLOS	CEIS	Ş	0	Annually
		Outpt visits per 1000 among enrollees with at					
TSP		per year	SCLOS	CEIS	2	8	Annually
TSP		QM - HEDIS 3.0					
TSP		Results reported annually	SCLOS	TMA	ON	2	Annually
TSP		Risk Management					
TSP		# medical malpractice claims paid	SOLOS	MTFs	Q	2	Annually
			,				
PMR-RS		Resource Sharing	Susan Thomas	FHES - PMR			Citation
							Coarterly
•	C-2.a.(4).(a).2	A revised Resource Sharing plan shall be C-2.a.(4).(a).2 submitted to the Lead Agents sixty (60) days prior					
		to trie start of each new neatth care option period.			ON	•	

	<b>///</b>	TRICARE Southwest Performance Indicators	formance Indicators				
	1						
) a	7 4 4	Existing Management Metrics:			CRITICAL		
Southwe	West				PERF. IND.	DENIAL	
	REF#	TITLE	POC	SOURCE	CANDIDATE	REASON*	FREO.
		Provide the MTF Commanders a complete cost					
c	5 (b) (V) 6 C J	analysis within 30 calendar days of a written					
<b>4</b>	0-4.a.(+).(a).3	request for consideration of a potential resource					
•		sharing opportunity by the MTF Commander.			ON.	7	
		Except for external resource sharing agreements,					
	663	services delivered under resource sharing					
က	(4) (h) 9	agreements and capitated arrangements must also					
	0.(0).(1)	be reported on a HCSR in all cases where the care					
		is delivered by professional practitioners.	-		ON	ဗ	
		Annual audits by independent CPA firms shall be					
•	C-2.a.(4).	performed on each Resource Sharing agreement to					
ŧ	(b).9.(a)	validate that it is correctly reported under contract		٠			
		provisions.			Q	က	
		Submit deliverables and the review and approval					
ı,	Internal Goal	form to Program Compliance by agreed to date and					
					ON N	7	
PMR-TSC			Ken Ansell/George B FHFS - PMR	FHFS - PMR			Quarterly
		Ninety percent (90%) of all calls must be					
•	C-0f (2)/h)	acknowledged by a telephone representative or					
-	(2)(2):	Automated Response Unit (ARU) within 120					
		seconds after initial greeting.	,		YES		
2	C-9f.(2)(b)	Eighty percent (80%) of calls must be handled to				,	
	(-)(-)	completion during the inital call.			YES		
67	C-9f (2)(h)	If call is not completed during initial call, call back					
•	(a)(-)::0 )				YES		
4	C-9f.(2)(b)	Ninety-five percent (95%) of all final call backs or					
		written replies must be provided within 10 days.			YES		
LC.	C-9f (2)(h)	One hundred percent (100%) of all final call backs			-		,
•	(aV=\:::> )	or written replies must be provided within 20 days.		-	YES		

	VVV	TRICARE Southwest Performance Indicators	mance Indicator				
	3						
T R C	ARE	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	TILE	Poc	SOURCE	CANDIDATE	REASON*	FREO.
9	C-2a (5)b.(2)	Beneficiaries telephoning the TSC shall be placed					
		on hold for no longer than 5 minutes.			YES		
	C.8.h/OPM Pt						
^	1/Ch.1. Sec						
	≥	responses. The sample shall include at least one					
		percent (1%) of telephone responses.		···	2	М	
		Ninety-eight percent (98%) of walk-in inquiries will					
60	RAFO IX-80	be resolved within the initial visit. The balance will					
•		be tracked to ensure final response is rendered					
		within 2 days of receipt of the inquiry.			YES		
σ	RAFO IX-80	Walk-in beneficiaries will be greeted within 5					
	200	minutes of arrival.			YES		
		Referral Services available at TSCs with no more					
2	C-2a(2)	than a 15 minute wait for beneficiaries visiting the					
		HCF.			YES		
		Customer Service available at TSCs with no more					
=	Internal Goal	than a 15 minute wait for beneficiaries visiting the					,
		BSR.			YES	-	
12	C-2a(1)	Contractor shall keep updated on current status of MTF capabilities via close liaison with TSCs.			9	m	
		Quarterly review of QA, UM, Marketing, Network					
5	C-2a(5)	Development, Resource Sharing and other				-	
		activities with MTF Commanders and Lead Agents.			Q	ო	
4	BAFO IV-53	Beneficiary Service Representatives will ensure					
		applications are completed accurately at the TSC.			9	က	
5	BAFO IV-61	Within 24 hours of receipt the TSC staff will pre-					
		second and application and total and to the P.O. Box.			NO	က	

7	VVV	TRICARE Southwest Performance Indicators	rmance Indicators	-	,		
	1						
0	7 11 07 0	Existing Management Metrics:			CRITICAL		
ב י ה	West				PERF. IND.	DENIAL	
	REF#	TILLE	POC	SOURCE	CANDIDATE	REASON*	EREO.
		Submit deliverables and the review and approval					
16	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			2	က	
PMR-QM		Quality Management	Jim Thomason/Carla FHFS - PMR	FHFS - PMR			Quarterly
	Sec C-9h	Medical/Surgical: Quality Management shall					
~	OPM-I. Chap	process 95% of all grievances to completion within					
	1 Sec III.G3	(60) calendar days from the date of receipt.			2	က	
•	land lamater	Medical Record Audits: Medical/Surgical Standard-					
4	Internal Goal	5 Physician Offices Per Quarter.	•		2	7	
	امي استفدا	Quality Review Studies: Medical/Surgical Standard-					
2	internal Goal	2 studies per year.			2	8	
	Sec C-9h	Mental Health: Quality Management shall process					
4	OPM-I. Chap	95% of all grievances to completion within (60)					
	1 Sec III.G3	calendar days from the date of receipt.			2	ო	
u	Internal Goal	Medical Record Audits: Mental Health Standard-5					
,	100	Physician Offices Per Quarter.			Q	2	
ď	Internal Goal	Quality Review Studies: Mental Health-Standard-1		•			
•	iliterinai Goai	study per year.			ON	7	
		Grievance Inquiries: All written grievances shall be					
_	c-9.h	date stamped (with the actual date of receipt)					
		within 3 workdays.			Q	က	
		Grievance Inquiries: Provide written response by					
		the 30th calendar day for all Grievances not					
<b>&amp;</b>	c-9.h	processed to completion by that date. The					
		response must include the delay reason and an		•			
		estimated completion date.			YES		
						-	
σ	OPM-1, Chap						
•	1, Sec IV.D.1	appeals and correspondence processed and					
		telephonic responses completed.			ON.	3	

	VVV	TRICARE Southwest Performance Indicators	formance Indicator				
	33						
T R C	ARE	Existing Management Metrics:			CRITICAL		
Southwest	Wost				PERF. IND.	DENIAL	
	REF#	IITE	DOC	SOURCE	CANDIDATE	REASON*	FREO
		Submit deliverables and the review and approval					
2	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			Q	ĸ	
PMR-CM		Case Management	Eileen Rodgers/Jim	FHFS - PMR			Ouarterly
•	ბ	Medical/Surgical evaluations shall be initiated on at					araman a
-	3.d.(19).b.(1)	least 100% of the cases within (1) workday.			Ş	64	
·	ს	Medical/Surgical evaluations shall be completed on				•	
7	3.d.(19).b.(1)	100% of the cases within (5) workdays.			YES		
~	ს	Mental Health evaluations shall be initiated on at					
,	3.d.(19).b.(1)	least 100% of the cases within (1) workday.			Q	m	
•	ა	Mental Health evaluations shall be completed on					
•	3.d.(19).b.(1)	100% of the cases within (5) workdays.			YES		
		Case Management has a projected Cost Avoidance					
10	Internal Goal	savings based on the previous year's actual cost					
		avoidance.			9	8	
		Submit deliverables and the review and approval					
φ	Internal Goal	rogram Complian					
		and time.			9	က	
PMR-UM		Utilization Management	Eileen Rodgers/Jim	FHFS - PMR			Quarterly
		Medical/Surgical preauthorization determinations					
-	C-3.d.(7).f	on at least 90% of all requests shall be issued				<del>-</del>	
		within (1) workday.			9	er.	
		Medical/Surgical preauthorization determinations					
8	C-3.d.(7).f	on 100% of all requests shall be issued within (5)					
		workdays.			YES	_	
		Mental Health preauthorization determinations on					
က	C-3.d.(7).g	90% of all requests shall be issued within (1)					
		workday.			9	က	
4	C-3.d.(7).a	Mental Health preauthorization determinations on 100% of all regulate shall be leaued within (5)					
		workdays.			YES	1000	

7	W	TRICARE Southwest Performance Indicators	ormance Indicator	80			
	No.						
TRIC	A B E	Existing Management Metrics:			CRITICAL		
u t h	Vest				PERF. IND.	DENIAL	
	REF#	TITLE	POC	SOURCE	CANDIDATE	REASON*	FREO.
		Submit deliverables and the review and approval					
ທ	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			9	ო	
PMR-IPS		Integrated Pharmaceutical Services	Ray Nan Berry	FHFS - PMR			Quarterly
-	C-8 f(4).(a),1	Produce a quarterly report on pharmacy provider			9	c	
		HELWOIK TO PITE.			2	7	
7	C-8 f.(1).a	Send monthly report to FHFS on the toll-free help desk telephone service.			Q	N	
3	C-5.1.a	Transmit paid claims data to FHFS' current claims system.			ON	2	
4	C-1 c.(2)	Ensure that TRICARE PRIME program benefits are uniform across the civilian network pharmacles.			ON	-	
S.	C-3 a.(2)(c)7.b	Inform providers of program changes and developments through timely and accurate communication.			Q.	-	
9	C-3 b.	Identify and resolve provider relations issues within 30 calendar days of identification.			YES		
7	C-3 b.	Operate a clinical quality management program which results in demonstrable quality improvement of health care provided to beneficiaries and of the process and services delivered by the subcontractor.			Q		
ω.	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			9	က	
PMR-PS		Provider Services	Pat Garvin	FHFS - PMR			Quarterly
_	Tech. Prop III 128	Provider Education/Provider Relation representatives will conduct 1,000 site visits per month to spot check CHAMPUS requirements and complete a site visit survey.			Q.	ဇ	

		I NOW I SOUTH WAS LEGISTED IN THE TOTAL PRINCIPLE INDICATORS	mance indicato	2			
	3						
R .	ARE	Existing Management Metrics:			CRITICAL		
outh	Southwest				PERF. IND.	DENIAL	
	REF#	TITLE	Boc	SOURCE	CANDIDATE	REASON*	FREO.
		Ensure an adequate provider/beneficiary ratio of 1					
7	c-3.(4).a	PCM:2,000 enrollees, and 1 Provider (all types):					
		1,200 enrollees.			YES		
ç	C 2 (4) b	A sufficient level of delivery sites to ensure access					
,	0.(+).00	to care.			YES		
1	C-3 (4) C	Contract drive times not to exceed 30 minutes for					
•	0.(1).00	primary care or 60 minutes for specialty care.			YES		
ĸ	2.2 (4) 4	Access to emergency services 24 hours per day, 7					
•	2014)	days per week.			YES		
Œ	C-3 (4) a	Office wait times in non-emergency situations shall					
,	0.(+).00	not exceed 30 minutes.			YES		
7	C-3 (4) f	Appointment wait times: well visit wait shall not					
.	1.(1.)	exceed 4 weeks.			YES		
00	0-3.(4).f	Appointment wait times: routine visit wait shall not					
		exceed one week.			YES		
6	C-3.(4).f	Appointment wait times: acute visit shall not					
		exceed one day.			YES		
10	c-3.(5).(2) c	Appointment wait times: specialty care visit wait					
		shall not exceed 4 weeks.			YES		
=	c-3.(4).g	Accessibility needs of the handicapped.			2	က	
12	c-3.(5).a	PCMs shall be available 24 Hours per day, 7 days					
		per week.			YES		
5	Provider Educ Plan	Provider Newsletters will be sent out Quarterly					
2	Sec. V	(Due 10/98).		-	Ç	-	
		Submit deliverables and the review and approval			2	-	
4	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			9	က	
PMR-M		110000					

	<b>VVV</b>	TRICARE Southwest Performance Indicators	nance Indicator	8			
	1						
T B C	7 4 4	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	31111.	POC	SOURCE	CANDIDATE	REASON*	EREO.
,	Marketing	Two TRICARE briefings conducted monthly in each					
-	Plan 4.1 p19	each PRIME Non-Catchment Area.	·		9	က	
•	Marketing	News release about the TRICARE program sent					
7	Plan 1.1 p13	monthly to each MTF/Base Newspaper.			2	7	
	Marketing	Stuffers containing TRICARE program and					
<del>ب</del>	Plan 2.2 p16	preventive care information to be included in					
		CEOBs sent to CHAMPUS users.			<b>Q</b>	က	
		A monthly mailing to parents of newborn children or					
•	Marketing	newly adopted children, encouraging the parents to			,		
4	Plan 2.3 p16	enroll their child in TRICARE PRIME. Based on					•
		data from the PRIME Newborn Beneficiary Report.			2	~	
		A mailine A substant between proper parties of the control of the			2	,	
ĸ	Marketing	TRICARE Standard users and top 2,000					
•	Plan 2.5 p17	participants.		•	Q	ო	
ď	Marketing	Ongoing Telemarketing services provided for					
>	Plan 3.1 p18	TRICARE beneficiaries.	ı		<u>Q</u>	3	
		Marketing Representatives to contact and follow-up					
ı	Marketing	with local spouse clubs, retiree groups, officer's					
_	Plan 4.1 p19	associations, etc., to arrange opportunities to					
		present the TRICARE program to eligible					
		beneficiaries.			0	3	
		Ongoing coordinated marketing activities at military					
<b>~</b>	Marketing	installations. Activities include placement of					
	Plan 4.2 p19	marketing materials and fliers at base exchanges,					
		commissanes, ramily support centers, etc.			ON	3	
•	Marketing	Ongoing renewal follow-up telephone calls					
0	Plan	data provided by the Enrollment Department.			Q	œ	. :
						,	

	<b>~~~</b>			2			
$\left\  \right\ $							
TRIC	ARE	Existing Management Metrics:			CRITICAL		
Southwest	west				PERF. IND.	DENIAL	
	REF#	TITLE	Boc	SOURCE	CANDIDATE	REASON*	FREO.
10	Marketing	Newsletters: Beneficiary Newsletters (three times				+	
	Plan 1.2 p14	per year).			2	ო	
		Special events/promotions and participation at					
-	Marketing	health fairs, air shows, picnics, golf tournaments,					
:	Plan 4.2 p19	etc. as scheduled at each MTF (at least one					
	,	special event per year).		•	2	8	
	Marketing	A set of TRICARE briefing slides to be used at					
12	Dion 4.1 n40	TRICARE briefings to educate beneficiaries about					
	7	their TRICARE benefits (once per year).			2	67	
		Direct Mail pieces sent to non-enrolled MTF users.					
5	Marketing	The MTF will provide mailing lists and/or other					
2	Plan 2.1 p15	distribution methods (no more than twice annually					
		at MTFs that support project).			2	8	
		One hundred hours professional marketing			,		
14	BAFO Section	BAFO Section consultation services provided to the Southwest			,		
:	4.1.1, pIV-19	Lead Agent (once per year upon request by					
		SWLA).			2	(C)	
,	Marketing	FHFS will produce a limited supply of give-away					
2	Plan 5.1 p20	Items for use in promoting the program (ongoing during the Ontion Period)			9	C	
9	Marketing	Production and distribution of posters.			2	2	
	רומון טיב אבט				9	က	
11	Contract Mod	Opgrade display boom graphics as mutually agreed by Southwest Lead Agent and the Region 6					
	01000	Marketing Manager.			9	က	
ă							
2		and time.			Ç	~	
PMR-F					2		

3		TRICARE Southwest Performance Indicators	nance Indicator	60			
))	3	Existing Management Metrics.			CRITICAL		
TRICARE Southwest	A R E				PERF. IND.	DENIAL	
	REF#	III.E	Poc	SOURCE	CANDIDATE	REASON*	EREQ.
-	Internal Goal	Meet or exceed the Enrollment projection goals as set forth in the Annual Enrollment Plan (A00N).			YES		:
2	BAFO IV 61	Applications will be date stamped upon receipt.			ON	3	
က	c-4.b.(5).d	Applications: Process date must be within 10 days of lock box receipt date or within 48 hours of enrollment receipt date.			YES		
4	c-4.b.(4)a	Disenrollment confirmation letter and survey must be mailed within 48 hours of keyed date.			YES		
ıo	c-4.b.(4)a	Disenrollment requiring approval must be reviewed by MTF Commander/Lead Agent.			ON	2	
ဖ	c-4.b.(5)	Retro Enrollment: Verify on every case that the effective date is not earlier than the 1st of the month the request is received.			ON	3	
7	c-4.b.(5)	Retro Enrollment: Log the request in the retro Enrollment Binder.			ON	က	
∞	BAFO IV 60	ID Cards/Enrollment material will be mailed within 10 days from the entered date.			YES	-	
0	BAFO IV 60	ID Cards/Enrollment material mailed before the first day of the effective date.			YES		
10	o-4.b.(5)	Annual quality check: Retired/Active Duty Dependents will be disenrolled if payment or coupon is not received by the end of the 10 day grace period. Disenrollment will be effective on through date.	·		Q	M	٠.
Έ	c-4.b.(5)	Quarterly quality check: will be disenrolled if payment is not received by the end of the grace period. Disenrollment will be effective at the end of the grace period.			YES	·	
12	Internal Goal	Notices Annual/Quarterly mailings are monitored for accuracy.			O <sub>N</sub>	က	

	VVV	TRICARE Southwest Performance Indicators	rformance Indicate	510			
	33						
7 8 0	A R E	Existing Management Metrics:			CRITICAL		
u t h	Wost				PERF. IND.	DENIAL	
	REF#	TITLE	Boc	SOURCE	CANDIDATE REASON*	REASON:	EREO.
13	Internal Goal	Telephone reports are monitored for service level, talk-time and number of calls.			Q	2	
4	Internal Goal	Changes request forms are monitored for accuracy and completeness (i.e. date stamps).			Q	~	
		Submit deliverables and the review and approval				•	
<del>1</del> 5	Internal Goal	form to Program Compliance by the agreed to date and time.			Ç		
PMR-HCIL		Health Care Information Line	Eileen Rodgers	FHFS - PMR			Quarterly
,		Submit deliverables and the review and approval	_				
-	internal Goal	form to Program Compliance by the agreed to date and time.			2	0	
PMR-CP		Claims Processing	John Pabich	FHFS - PMR			Quarterly
		Claims/Adjustment Claims Receipt and Control:					
-	c-5.b	/ Claims ICN & er					
		workdays.			NO N	က	
2	c-5.b	Claims/Adjustment Claims Receipt and Control: Retrieve claim within 15 Days.			Q.	ო	
ဇာ	c-5.b.(4)	Claims and Adjustment Claims Processing Timeliness: Seventy-five percent (75%) of all claims completed within 21 days (In-System).			YES		
4	c-5.b.(4)	Claims and Adjustment Claims Processing Timeliness: Seventy-five percent (75%) of all claims completed within 21 days (Out-of-System).	•		Q.	,	
ю	Tech Prop.Task VIII	Conduct Claims Audits. Pre-Payment Audits include: New Employee, Employee Specific, High Dollar Claims, and High Dollar Checkwrite. Perform Quarterly Quality Review Program Post Payment Audits.			Ç	67	
						,	

	VVV	TRICARE Southwest Performance Indicators	mance Indicator	20			
0 - 0	770	Existing Management Metrics:			CRITICAL		
- = = = = = = = = = = = = = = = = = = =	N 0 S t				PERF. IND.	DENIAL	
	REF#	TITE	Poc	SOURCE	CANDIDATE	REASON*	EREO.
		Claims and Adjustment Claims Inventory Level					
	(4)	(over 30 calendar days from receipt) shall not					
٥	C-5.1.(1)	exceed a 2.5 times the average daily net receipts					
		for the month (In-System).			YES		
		Claims and Adjustment Claims Inventory Level					
	4	(over 30 calendar days from receipt) shall not	•				
	0-5.1.(1)	exceed a 2.5 times the average daily net receipts					
		for the month (Out-of-System).			2	က	
		Claims and Adjustment Claims Inventory Level				:	
(	9	(over 60 calendar days from receipt) shall not					
<b>x</b>	0-5.1.(2)	exceed 0.6 times the average daily net receipts for		,			
		the month in-System).			YES		
		Claims and Adjustment Claims Inventory Level					
		Court BO colondar date from receipt) shall not					
6	c-5.i.(2)	(Over 60 carefular days from receipt) shall flor		<u>.</u>			
	,	exceed 0.6 times the average daily net receipts for			;		-
		the month (Out-of-System).			2	က	
		Claims System Requirements for Processing &					
		Reporting: The contractor must maintain at least 15					
10	0-5.f	months of claims history from the previous					
		contractor; at least 27 months of combined/new					
		claims data.			ON.	က	
		The contractor shall retain copies of the beneficiary					
7	c-5.f	history file, after purge from active file, for at least 6					
		years after the purge.			2	က	
		Supplemental Health Care Program (SHCP): All					
		incoming SHCP claims will be stamped with an					
12	c-5.o.(3)	Internal Control Number within 3 workdays and are					,
		entered into the system within 5 workdays of					
		receipt of claim.			9	က	

	<b>777</b>	TRICARE Southwest Performance Indicators	mance Indicato	2			
$\parallel \parallel$							
TRIC	ARE	Existing Management Metrics:			CRITICAL		
Southwest	1 W O W I				PERF. IND.	DENIAL	
	REF#	IITLE	POC	SOURCE	CANDIDATE	REASON*	EREQ.
		SHCP claims must be retrievable (within 10					
5	(3)	workdays of receipt of claim) by: Active Duty					
2	(2):00	Member's name/Sponsor's name, Social Security					
		Number, and/or MTF claims office DMIS code.			2	က	
		Ninety-five percent (95%) of all SHCP claims and					
7	c-5.o.(3)	adjustments shall be priced to completion within 13					
		days of receipt of claim.			YES		
		One hundred percent (100%) of all SHCP claims					
15	c-5.o.(3)	and adjustments shall be priced to completion					
		within 27 workdays of receipt of claim.			YES		
		Callers, whose SHCP phone inquiries cannot be					
		completed within 2 workdays must be notified.					
9	c-5.o.(3)	Callers with outstanding inquiries also receive an	,				
		interim phone response on the 7th day from original					
		call receipt.			2	က	
ţ	(0)	Congressional written inquiries must be referred to					
=	C-0.0.(3)	the Service Project Officer within 72 hours of					
		identification as a SHCP claim.			9		
		File Maintenance: The Contractor shall file					
Œ	C-5 n (5)	claims/adjustment claims with attached					
:	(2):4:0	documentation by ICN and contract number, within					
		5 work days after processing to completion.			Ş	ď	
		Electronic Media Claims (EMC) divided by total			2	,	
19	c-5.b.2	claims received (by Option Period) will be at least					
		twenty percent (20%) (for Option Period 3).			YES		
		OHI: The contractor will identify/pursue proper					
20	6-9	payment of OHI claims to avoid payment of benefit					
		dollars equal to or below twenty-two percent (22%)					
		(for Option Penod 3).			YES		

	\\\\	TRICARE Southwest Performance Indicators	ormance Indicator	ya.			
0	777	Existing Management Metrics:			CRITICAL		
Southwest	Wost				PERF. IND.	DENIAL	
	REF#	TITLE	Poc	SOURCE	CANDIDATE	REASON*	FREO.
		Third Party Liability: Claims with diagnostic codes					
		800-999 will be automatically identified. DD Form					
77	c-5.m	2527 will be sent to the provider. If the form is not		N _ 108			
		returned in 35 days, the contractor shall deny the					
		claim.			NO	3	
		Claims and Adjustment Claims Processing					
ç	£ 10 0 (1)	Accuracy: The absolute value of the payment					
3	1-10.0.(1)	errors shall not exceed two percent (2%) of the					
		total billed charges.			2	က	
		Claims and Adjustment Claims Processing					
ç	£ 40 0 (2)	Accuracy: The HCSR Occurrence Error Rate shall					
3	1-10.a.(2)	not exceed three percent (3%) for all types of					
		HCSRs.			ON	ဗ	
		Submit deliverables and the review and approval					
77	Internal Goal	form to Program Compliance by the agreed to date	1				
		and time.			ON	က	
PMR-PI		Program Integrity	Loretta Lotz	FHFS - PMR			Quarterly
-	Internal Goal	Program Integrity has a projected savings of \$2.880,000 for calendar year 1998.			2	8	
		Fraud and Abuse Reports are to be published and					
7	C-6.c.(7)	forwarded to the TMA Program Integrity Branch				٠	
		within 45 days of the end of the calendar quarter.			ON.	2	
		Monthly Operational Reviews shall be provided to					
~	C.8f (4\/a\5	the Contracting Officer and Lead Agent within ten	,				
•	00:(1)(8)0	(10) calendar days following the end of each					
		reporting month.		-	2	က	
		Program Integrity will have a fraud hotline in which					
4	ပ-မှ. ပ	calls are logged and acknowledged within seven (7)			Ç		
		carcinal days of receipt.				,	

1		I NCARE SOUTIWEST PEROFFISHED INDICATORS	mance Indicator	<b>90</b>			
$\parallel$	3						
TRIC	ARE	Existing Management Metrics:			CRITICAL		
South	outhwest				PERF. IND.	DENIAL	
	REF#	TITLE	202	SOURCE	CANDIDATE	REASON*	FREO
<b>10</b>	C-6.c.(7)	Program Integrity will refer all identified cases of fraud/abuse over \$1,000 to the TMA Program					
		Integrity Branch.		,	0	0	
		Program Integrity will participate in an information-					
•		sharing system including state and federal case					
<b>6</b>	C-6.c(2)	coordination, Health Care Fraud Task Force					
		working groups and NHCAA to identify individuals					
		who are defrauding the TRICARE program.			2	ო	
		Program Integrity will ensure all subcontractors					
7	C-8.a(1), C-6						
•							
		by conducting annual assessments of activities.			Ş	c	
		Program Integrity will maintain review and undate			2	2	
•	3	intelligence/informational files regarding health care					
<b>x</b> 0	(1)	Droviders/beneficiaries associated with fraud/abuse					
		practices on a monthly basis			9	•	
		The dedicated Fraud Investigation Unit (FIL!) will			2	2	
Ø	C6.c	gather direct evidence for the development of					
		criminal and civil action.			Ş	~	
		Program Integrity will ensure FHFS adherence to			2	,	
		internal security measures and controls to protect					
9	C-8.c(8)	against fraudulent activities or embezzlement by					
		potentially dishonest employees by annually					
		assessing activities.			2	ო	
		Submit deliverables and the review and approval					
<del>-</del>	Internal Goal	form to Program Compliance by the agreed to date				•	
		and time.			õ	ო	
PMR-FM		Fiscal Management and Controls	lan Florence/ John D FUEC DIAD	FLIES DAVE			

TRICARE Southwest Performance Indicators	Management Metrics:	PERF. IND. DENIAL	TITLE POC SOURCE CANDIDATE REASON* FREQ.	sporting Requirements: Current Assets iabilities must be equal to or greater NO 3	rerables and the review and approval gram Compliance by the agreed to date NO 3	through either manual or automated dures, as specified in Operations ouping monies owed by providers, s, or parents/guardians of minor or t beneficiaries.	ase Timeliness Statistics: All benefit OBs and Summary Vouchers must be Iter than two (2) workdays following the	claims, the check number, issue date, and ICN must be available within one of the date the check was written and within one (1) workday of an inquiry.	ent (90%) of all vouchers/batches iRs failing the edit system shall be nd resubmitted to TMA within (30) NO 3	cessing shall meet ninety percent (90%) initial submissions, resubmissions and cancellations) passing through the
TRICARE South	Existing Management Metrics:		TITLE	Financial Reporting Requirements: Current Assets to Current Liabilities must be equal to or greater than 1.00:1.	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.	Directly, or through either manual or automated offset procedures, as specified in Operations Manual; recouping monies owed by providers, beneficiaries, or parents/guardians of minor or incompetent beneficiaries.	Check Release Timeliness Statistics: All benefit checks, CEOBs and Summary Vouchers must be mailed no later than two (2) workdays following the issue date.	For all paid claims, the check number, issue date, payee name and ICN must be available within one (1) workday of the date the check was written and retrievable within one (1) workday of an inquiry.	Ninety percent (90%) of all vouchers/batches having HCSRs failing the edit system shall be corrected and resubmitted to TMA within (30) calendar days.	Claims Processing shall meet ninety percent (90%) of HCSRs (initial submissions, resubmissions and adjustment/cancellations) passing through the
	39	West	REF#	Н. 9. b.	Internal Goal	C-7.a.(2)	C-7.c.	C-7.e.(1)-(2)	C-7.f.(4)	C-7.g.(2)
	1-	outhwe		-	7	m	4	<b>G</b>	9	1

	WW	TRICARE Southwest Performance Indicators	formance Indicato	2			
$\parallel$	3						
TRIC	ARE	Existing Management Metrics:			CRITICAL		
Southwe	West.				PERF. IND.	DENIAL	
	REF#	TITLE	<b>50</b> 4	SOURCE	CANDIDATE	REASON.	EREO.
₩.	C-7.g.(3)	Ninety percent (90%) of all vouchers/batches must be accepted by the HCSR edit system within (3) resubmissions (excluding batch header rejects).			Ç	er.	
60	C-7.g.(4)	One hundred percent (100%) of all vouchers/batches must be accepted by the HCSR edit system within (5) resubmissions (excluded batch header rejects).			2	, ,	
PMR-PC			Randy Kirchner	FHFS - PMR			Quarterly
-	Task VIII 8.1.7, p.258	nnaire will be sent to the mander, TMA, and Health potential report issues that			9		
- 74	Task VIII, 8.1.4, p165	FHFS will conduct semi-annual on-site performance reviews at each subcontractor to enhance communication, evaluate performance and resolve problems.			2 9	2 .	
က	Internal Goal	BAFO, Task VIII, Sec 8.1.4—Program Compliance shall submit and/or complete deliverable items. Internal Goal: 96%			2 2	9 6	
PMR-CI		Congressional Inquiries	Chuck George	FHFS - PMR	2		Quarterly
1	c-9.f	Incoming Congressional Inquiries must be date stamped within 3 days of receipt.			Q	er.	
2	c-9.f	Responses to Congressional Inquiries must be eighty-five percent (85%) complete within 10 calendar days.			OZ	· m	
6	c-9.f	Responses to Congressional Inquiries must be one hundred percent (100%) complete within 30 calendar days.			YES		

Southwest Southwest A Interna PMR-TFT C-9.f.(2	If # Goal (9).(b).1	cs: view and approval y the agreed to date signal rate shall Is shall be Is shall be	POC S	SOURCE	CRITICAL PERF. IND.	DENIAL	
	if Goal ().(d).1			SOURCE	CRITICAL PERF. IND.	DENIAL	
	IF# II Goal ().(d).1			SOURCE	PERF. IND.	DENIAL	
				SOURCE		!!!!!	
					CANDIDATE	REASON*	EREO.
1.							•
	(2).(d).1				9	ო	
1 c-9.f.	(2).(d).1	The Toll-Free telephone busy signal rate shall never exceed 20% Eighty percent (80%) of all calls shall be acknowledged within twenty (20) seconds by an		FHFS - PMR			Quarterly
	(2).(b).1	Eighty percent (80%) of all calls shall be acknowledged within twenty (20) seconds by an			YES		
	(2).(b).1	acknowledged within twenty (20) seconds by an					
2 c-9.f.							
		individual or electronic device.			YES		·
		Ninety percent (90%) of all calls must be handled					
,	0 (4) (0)	by a telephone representative or automated	•				
2	C-9.1.(z).(p).z	response unit (ARU) within 120 seconds after				,	
-4.		acknowledgment.			YES		
-		Delayed callers will hear a message informing the					
4 c-9.f.	c-9.f.(2).(b).2	caller of the delay and advise the caller regarding					
		information needed to answer common questions.			2	က	•,
	,	Eighty percent (80%) of calls must be handled to					
40.0	0.01(0)(4)	completion during the initial call (calls are complete					
	7-(0)-(7)	when the caller has all of the information needed		_			
		regarding their situation).			YES		
90-0	C-0 ((2) (h) 2						
	2.(0).(2).	2 working days.	,		YES		
7 c-9.f	c-9.f.(2).(b).3	handled to completion during the initial call must be					
		completed within 10 calendar days.			YES		
900	(0) (4) 3	One hundred percent (100%) of all calls must be					
	C-2.1.(2).(D).3	resolved within 20 calendar days.			YES		

	VVV	TRICARE Southwest Performance Indicators	rformance Indicate	29			
	No.						
TRIC	ARE	Existing Management Metrics:			CRITICAL		
South	•				PERF. IND.	DENIAL	
	REF#	TITLE	Soa	SOURCE	CANDIDATE	REASON*	FREO
		Each telephone representative must be monitored					
		monthly for accuracy, responsiveness, clarity and					
o	c-9.f.(2).(b)	tone. The monitored sample size shall be the					
		greater of 3% of the average daily calls or 10					
		calls/day.			2	e	
		Submit deliverables and the review and approval					
2	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			Q	e	
PMR-C		Correspondence	John Pabich	FHFS - PMR			Oughand
		Routine Written Correspondence: All routine written	+-				
-	c-9.f	inquiries shall be stamped with the actual date of					
		receipt within 3 workdays of receipt.			9	"	
		Routine Written Correspondence: Final responses			2	2	
•	,	to eighty-five percent (85%) of all Routine Written					
7	÷6.						
		mydeines will be provided within 13 caratidat days of			!		
		l'acaipre			2	က	
		Routine Written Correspondence: Final responses					
6	-0 f	to ninety-seven percent (97%) of all Routine					
•		Written Inquiries will be provided within 30 calendar				•	
		days of receipt.			Q	er,	
		Routine Written Correspondence: Final responses				•	
7	-0 f	to one hundred percent (100%) of all Routine					
•		Written Inquiries will be provided within 45 calendar					
		days of receipt.			9	ĸ	
		Priority Inquiries: Inquiries shall be stamped with					
<b>10</b>	c-9.f	the actual date of receipt within 3 workdays of					
		receipt.			9	က	
ď		Priority Inquiries: Final responses to eighty-five					
	1.60	percent (85%) of inquiries will be provided within 10					
		caleridar days of receipt.			0	က	

	VVV	TRICARE Southwest Performance Indicators	rformance Indicators				
$\parallel \parallel \parallel$	3						
TRIC	ARE	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	TITLE	Poc	SOURCE	CANDIDATE	REASON*	FREO.
7	c-9.f	Priority Inquiries: Final responses to one hundred percent (100%) of inquiries will be provided within 30 calendar days of receipt.			Q.	က	
<b>ω</b>	c-8.h	Supervisor shall review at least 1% of all appeals & correspondence to insure the correspondence is accurate, responsive, clear, timely and that its tone conveys concern and a desire to be of service.			Q	ю	
o	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			9	က	
PMR-A		Appeals	Cathleen Fischbach	FHFS - PMR			Quarterly
-	c-9.h	Appeals Inquiries: date stamp all written appeal requests and attached documents within 3 workdays of receipt.		·	Q	က	
7	c-9.h	Process ninety-five percent (95%) of reconsiderations to completion within 60 calendar days from receipt of the date the determination is mailed.			Q	ო	-
က	c-9.h	Process one hundred percent (100%) of reconsiderations to completion within 90 calendar days.			9	ო	
4	c-9.h	Provide written response by the 30th calendar day after receipt for all reconsiderations not processed to completion advising the appealing party that the reconsideration determination will be made within 60 days.			YES		

	VVV	TRICARE Southwest Performance Indicators	ormance Indicate	510			
))	33						
T R I C	ARE	Existing Management Metrics:			CRITICAL		
Sout	•				PERF. IND.	DENIAL	
	REF#	TITLE	Soci	SOURCE	CANDIDATE	REASON*	FREO.
		Reprocess all determinations reversed by the				-	
		appeal process within 21 calendar days from the					
10	0-9.h	date of receipt of the action notice from TMA or the			•		
		date of the Contractor's appeal determination					
		notice.			2	e	
		Send to TMA a legible copy of the entire contents				,	
ď	1						
•							
		telephoned request from TMA.			Q	^	
		Ensure that ninety percent (90%) of				•	
		reconsideration cases received at TMA as a formal					
7	c-9.g	TMA review cases (or provider sanction initial					
		determinations) have been processed and					
		documented accurately.			2	က	
		Ensure that ninety percent (90%) of					
		reconsideration cases have been processed					
œ	0-9.g	accurately and that the processing is consistent					
		with the Operations Manual requirements and the					
		documentation in the case file.			2	က	
		One Hundred Percent (100%) of requests for					
•	OPM-1. Chap						
<b>3</b> 3	1. Sec F.1						
		working days of receipt of the reconsideration		-			
		request.			YES		
,		Submit deliverables and the review and approval					
2	internal Goal	form to Program Compliance by the agreed to date					
į					NO	က	
-אשל			Gary Wright	FHFS - PMR	,		Quarterly
-	Tech Prop	Computer hardware must be available at least					
	10.17.55				NO.	3	

	VVV	TRICARE Southwest Performance Indicators	mance Indicato	2			
<b>//</b>	No.						
TRICA	ARE	Existing Management Metrics:			CRITICAL		
South	0				PERF. IND.	DENIAL	
	REF#	TITLE	Boc	SOURCE	CANDIDATE	REASON*	FREQ.
6	Tech Prop	Computer terminal network must be available					
7	10.IX.22	98.5% of the time.			2	ო	
	Post	The data required to restore CHAMPUS ADP at a					
က	Rehearsal	backup facility is backed up daily and stored off-site					
	Report	in a vault to ensure the safety of the data.			2	m	
	IS Report &	Information security staff review and verify all					
4	Procedure	computer access requests for the proper level of					
	Manual	access and signature authority.		***	2	er.	
ro	IS Report & Procedure	Information security staff disable accounts upon					
,	Manual	termination of employees.			ON.	ო	
•	IS Report &	Computer room access is reviewed by the Data Center Manager and access is granted based on					
٥	Procedure	the need to support the computer center					
	Mailcal	operations.			9	m	
		Submit deliverables and the review and approval					
_	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			9	က	
*Reasons	for denying car	* Reasons for denying candidacy as critical performance indicator:					
1. Notas	pecific metric (	Not a specific metric (e.g. a narrative report)					
	F, FHFS, HCFA	An MTF, FHFS, HCFA, or external organization-specific metric					
3. Not an	netric for execu	Not a metric for executive management level consideration (e.g. "in the weeds" or nursely contract compliance)	or nursik contra	of compliance)			
		0	or period occurs	or company			

Appendix B
TRICARE Northwest
Existing Metrics

"							
-	7	Existing Management Metrics:			CRITICAL		
VOR.	NORTHWEST				PERF. IND.	DENIAL	
	REF#	TITE	BOC	SOURCE	CANDIDATE	REASON*	EREO.
	B1-1	Actual vs Projected Revenues - Regionally	LT Toland	Internal	YES		Quarterly
-	B1-2	Actual vs Projected Revenues - MTF Level	LT Toland	Internal	YES		Quarterly
	B1-3	(Actual vs Projected Revenues) vs Other Regions	LT Toland	Internal	YES		Quarterly
	B2-1	MTF Care Purchased Out of Region	LT Toland	Internal	YES		Quarterly
-	B2-2	% of External Care Delivered to Non-enrollees	LT Toland	Internal	YES		Quarterly
	B2-3	Measurements for the Quality of Referrals*	COL Brammer	Internal	ON.	Not Dev.	Quarterly
	B3-1	% of PC Acute Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
	B3-1	% of PC Routine Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
	B3-1	% of PC Well Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
-	B3-2	% of Specialty Appts Meeting Prime Access Std*	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
		MTF-Enrolled Prime Pts' Usage of ER Visits (or					
	B4-1	Equiv) During Normal Clinic Hrs	LT Toland	CHCS Ad Hoc (com	YES		Quarterly
	B4-2	Patient Satisfaction Regarding Appt Access	LT Toland	DoD (HA) Pt Sat Sur	YES		Quarterly
		Patient Satisfaction of Referrals of MTFs Prime					
	B4-3	Benes to Civilian Network*	LT Toland	Internal	YES		Quarterly
	B4-4	HEAR data vs Beneficiary Utilization data	LT Toland	HEAR & Trendstar	YES		Quarterly
		Prime Disengagements from MTF due to failure to					
	B5-1	meet access stds	LT Toland	HCF report for out of	YES		Quarterly
		MTF Prime Enrollment vs Civilian Network					
	B5-2	Enrollment	LT Toland	FHFS	YES		Quarterly
		Qtrly Report of Cost Reduction Trends in Catchment					
	B5-3	Areas*	LT Toland	Internal	<b>Q</b>	-	Quarterly
-	B6-1	CEIS Utilization Rates	LT Toland	CEIS	9	7	Quarterly
	B6-2	CEIS Reports Accessed	LT Toland	CEIS	ON	2	Quarterly
		Comparison of FY98 & 99 Avg Capitation Eligibiles				,	
	B10-1	B10-1 Population (by catchment area)	LT Toland	MCFAS	YES		Quarterly
à	10-2 RR2	B10-2 RR2 Projected vs Actual Enrollment	LT Toland	FHFS	YES		Quarterly
	B10-3	Enrollment Administrative Processing	LT Toland	Internal Enrollment			Quarterly
	R104	MTF DCM Canacity % I avals	LT Toland	TRICARE Status Re	YES		Ouarterly

REF # Existing Management Metrics:   POC				
Eenrollment Category Senrollment by Patient Category asson for Disenrollment Senrollment by Patient Category asson for Disenrollment Senrollment Survey Statistics stwork Adequacy Ilization of TRICARE Regional Appt Center RICARE Service Center Walk-ins RICARE Service Center Walk-ins SIL - Total Call Distribution by Services Utilized SIL - Self-Reported Redirection A - HCF Activity: Med/Surg Non-Network Reason A - HCF Activity: Case Outcome by Site A - Grievances Processed A - Grievances Processed In Surveys Processed In 21 Days SU Claims Processed in 21 Days SU Claims - Top 5 Denial Codes Cutonic Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claims - Top 5 Denial Codes Code Claim Volumes Su ADFM Denied Claim Volumes Su ADFM Denied Claim Su Advolumes Su Advolumes Su ADFM Denied Claim Su Advolumes		CRITICAL		
Esencillment by Patient Category  Senrollment by Patient Category  Bason for Disenrollment  Senrollment Survey Statistics  Service Center Walk-ins  Service Center Walk-ins  SICARE Service Center Walk-ins  SICARE Service Center Calls Answered  SIL - Total Call Distribution by Services Utilized  SIL - Total Call Distribution by Services Utilized  SIL - Self-Reported Redirection  A - HCF Activity: Case Outcome by Site  A - HCF Activity: Case Outcome by Site  A - Grievances Processed  In Surveys Processed  In Surveys Processed  In Denied Claims  SU Denied Claims  U Denied Claims  U ADFM Denied Claims  U ADFM Denied Claims  Catronic Claim Volumes  Sectonic Claim Volumes		PERF. IND.	DENIAL	
vered vered vered sit Area	SOURCE	CANDIDATE	REASON.	FREO.
vered vered sit Center vered sit Area stranges vered sit Area stranges stranges codes codes codes codes supply Trend sit Cost Supply Trend sit Cost Supply Trend sit Cost Supply Trend sit Cost	Internal	YES	1	Quarterly
vered vered vered ant Area  etwork Reason V Site Days In-System) codes Claim Cost Supply Trend any by Argus	Internal	YES		Quarterly
vered vered vered ant Area sut Area	Internal	YES		Quarterly
vered vered vered ant Area ant Area ant Area bays n-System) codes codes Claim Cost Supply Trend any by Argus	Internal	YES		Quarterly
vered vered vered snt Area strans vered snt Area strans vered snt Area strans vered strans vered strans vered strans vered strans codes codes codes codes supply Trend sny by Argus	FHFS - RR20 Report	YES		Quarterly
vered vered ant Area etwork Reason V Site Days codes codes Claim Cost Supply Trend any by Argus	Internal	2	2	Quarterly
vered vices Utilized ant Area etwork Reason v Site Days codes codes Codes Supply Trend any by Argus	Monthly TSC Report	YES		Quarterly
vered rices Utilized ant Area etwork Reason V Site Days n-System) codes Colaim Cost Supply Trend any by Argus	Monthly TSC Report	YES		Quarterly
ices Utilized ant Area etwork Reason y Site Days In-System) codes Claim Cost Supply Trend ary by Argus	Monthly TSC Report	YES		Quarterly
etwork Reason  Y Site Days In-System) Codes Codes Supply Trend By Argus	Monthly TSC Report	YES		Quarterly
etwork Reason V Site Days Codes Codes Codes Supply Trend Bry Bry Argus	HCIL Report -AH (	YES		Quarterly
etwork Reason y Site Days codes codes Claim Cost Supply Trend any by Argus	HCIL Report	9	8	Quarterly
y Site Jays In-System) codes Claim Cost Supply Trend ary by Argus	HCIL Report -AH (	Q.	က	Quarterly
etwork Reason y Site Days In-System) codes Codes Claim Cost Supply Trend ary by Argus	HCIL Report	9		Quarterly
v Site Days n-System) codes enial Codes Supply Trend ary by Argus	Health Care Finder	YES		Quarterly
Days In-System) codes Codes Claim Cost Supply Trend any by Argus	Health Care Finder	YES		Quarterly
n-System) codes enial Codes Claim Cost Supply Trend ary by Argus	On-going Daily Griev	YES		Quarterly
n-System) codes enial Codes Claim Cost Supply Trend ary by Argus	HEAR Survey	2	3	Quarterly
codes Codes Codes Claim Cost Supply Trend By Argus	Monthly Cycle Time	YES		Quarterly
codes Penial Codes Claim Cost Supply Trend any by Argus	<b>GSU Monthly Cycle</b>	YES		Quarterly
codes  Penial Codes Claim Cost Supply Trend ary by Argus	Internal Report	YES		Quarterly
Penial Codes Claim Cost Supply Trend ary by Argus	Internal Report	YES		Quarterly
Penial Codes Claim Cost Supply Trend ary by Argus	Internal Report	9	3	Quarterly
Claim Cost Supply Trend ary by Argus	Internal Report	ON ON	3	Quarterly
Claim Cost Supply Trend ary by Argus	Monthly Workload R	YES		Quarterly
Supply Trend ary by Argus		YES		Quarterly
ary by Argus		YES		Quarterly
by Argus	/ IPS	YES		Quarterly
	/ IPS	YES		Quarterly
Resource Sharing - Estimated Target Expenses vs B10-20a   Actual Expenses (Aggregate & by MTF)	Internal Resource S	YES		Virginal

	AAA	TRICARE Northw	<b>TRICARE Northwest Performance Indicators</b>	licators			
II)							
H	RICARF	Existing Management Metrics:			CRITICAL		
ON	NORTHWEST	i be			PERF. IND.	DENIAL	
	REF#	TITLE	Boc	SOURCE	CANDIDATE REASON*		EREO.
		Resource Sharing - Estimated Target Savings vs					
	B10-20b	B10-20b Actual Savings (Aggregate & by MTF)	LT Toland	Internal Resource S	YES		Quarterly
	B10-20c	B10-20c Resource Sharing - MTF Agreement Status	LT Toland	Internal Resource S	YES		Quarterly
* Rea	isons for de	* Reasons for denying candidacy as critical performance indicator:					
Ž	ot a specific	1. Not a specific metric (e.g. a narrative report)					
2. A	MTF, FHF	<ol><li>An MTF, FHFS, HCFA, or external organization-specific metric</li></ol>					-
S.	ot a metric 1	3. Not a metric for executive management level consideration (e.g. "in the weeds" or purely contract compliance)	n the weeds" or purely	contract compliance)			

Appendix C
PacifiCare of Texas
Existing Metrics

•		Facilicare of lexas P	Pacificare of lexas Performance Indicators				
	Pacificate.						
of Torne		Existing Management Metrics:			CRITICAL		
of tenant					PERF. IND.	DENIAL	
	REF#	IITE	POC (not the OPR)	SOURCE	CANDIDATE	REASON*	FREQ.
	C1-1	Medical Loss Ratio	Troy McGilvra	Internal	9	2	Monthly
	C1-2	Administrative Cost Ratio	Troy McGilvra	Internal	9	2	Monthly
	C1-3	Overall Loss Ratio (the two above combined)	Troy McGilvra	Internal	QN	2	Monthly
	412	Operating Profit Margin	Troy McGilvra	Internal	9	2	Monthly
	C1-5	Net Income	Troy McGilvra	Internal	9	2	Monthly
	C1-6	Total Membership	Troy McGilvra	Internal	YES		Monthly
	C1-7	Commercial product membership	Troy McGilvra	Internal	9	2	Monthly
		Medicare product membership (group retiree and					
	C1-8		Troy McGilvra	Internal	9	8	Monthly
	C1-9	Disenrollment rate	Troy McGilvra	Internal	YES		Monthly
	C1-10	Commercial product	Troy McGilvra	Internal	9	2	Monthly
	C1-11	Medicare product	Troy McGilvra	Internal	9	2	Monthly
	C1-12	Average Age	Troy McGilvra	Internal	YES		Monthly
	C1-13	Commercial product	Troy McGilvra	Internal	2	2	Monthly
	C1-14	Medicare product	Troy McGilvra	Internal	Q	2	Monthly
		Providers (by product)					
	C1-16	PCPs Family/General Practice	Troy McGilvra	Internal	9	က	Monthly
	C1-17	PCPs Internal Medicine	Troy McGilvra	Internal	<b>Q</b>	3	Monthly
	C1-18	PCPs Pediatrics	Troy McGilvra	Internal	2	3	Monthly
	C1-19	PCPs Geriatrics	Troy McGilvra	Internal	2	က	Monthly
	C1-20	PCP Total	Troy McGilvra	Internal	YES		Monthly
	C1-21	% PCP Board Certifled	Troy McGilvra	Internal	Q	6	Monthly
	C1-22	% PCP open panel	Troy McGilvra	Internal	9	2	Monthly
	C1-23	% PCP closed panel	Troy McGilvra	Internal	9	2	Monthly
	C1-24	% PCP established	Troy McGilvra	Internal	9	2	Monthly
	C1-25	PCP Turnover rate	Troy McGilvra	Internal	2	2	Monthly
	C1-26	PCP to member ratio	Troy McGilvra	Internal	YES		Monthly
	C1-27	Specialists - Total	Troy McGilvra	Internal	YES		Monthly
	C1-28	Specialists – Board Certified	Troy McGilvra	Internal	ON.	9	Monthly
	C1-29	Hospitals - Total	Troy McGilvra	Internal	YES		Monthly

- Land						
recitivate.						
of Nexus	Existing Management Metrics:			CRITICAL		
				PERF. IND.	DENIAL	
REF#	IIILE	POC (not the OPR)	SOURCE	CANDIDATE	REASON*	FREO
	Pharmacies					
C1-31	Total	Troy McGilvra	Internal	YES		Monthly
C1-32	Generic Fill rate (by product)	Troy McGilvra	Internal	YES		Monthly
	Utilization (by product)					
C1-34	Admissions per thousand	Troy McGilvra	Internal	YES		Monthly
C1-35	Days per thousand	Troy McGilvra	Internal	YES		Monthly
C1-36	ALOS	Troy McGilvra	Internal	YES		Monthly
C1-37	C-section rate	Troy McGilvra	Internal	QN ON	2	Monthly
C1-38	PCP encounters PMPY	Troy McGilvra	Internal	YES		Monthly
C1-39	Specialists encounters PMPY	Troy McGilvra	Internal	YES		Monthly
	Regional Customer service center					
C141	% calls answered in 30sec	Troy McGilvra	Internal	2	C2-40	Monthly
C1-42	Average speed of answer	Troy McGilvra	Internal	8	C2-39	Monthly
C143	Abandonment rate	Troy McGilvra	Internal	9	C2-41	Monthly
C1-44	% clean claims processed in 30 days	Troy McGilvra	Internal	YES		Monthly
C145	Financial accuracy of claims	Troy McGilvra	Internal	YES		Monthly
C146	Payment accuracy of claims	Troy McGilvra	Internal	YES		Monthly
C147	Procedural accuracy of claims	Troy McGilvra	Internal	YES		Monthly
	Utilization Management (for each product)					
C2-2	Bed days PTMPY (per thousand members per year)	Troy McGilvra	Internal	YES		Quarterly
	Membership growth and retention					
C2-4	Commercial % growth	Troy McGilvra	Internal	YES		Quarterly
C2-5	1-year commercial retention	Troy McGilvra	Internal	YES		Quarterly
C2-6	Commercial voluntary transfer rate	Troy McGilvra	Internal	YES		Quarterly
C2-7	Senior % growth	Troy McGilvra	Internal	2	2	Quarterly
C2-8	90-day senior retention	Troy McGilvra	Internal	9	2	Quarterly
C2-9	1 year senior retention	Troy McGilvra	Internal	9	2	Quarterly
C2-10	Senior voluntary disenrollements	Troy McGilvra	Internal	9	2	Quarterly
C2-11	Market penetration	Troy McGilvra	Internal	YES		Quarterly
	Cotinfontion (for each and)					

Design	-						
Lacinyara	ATTE	Existing Management Metrics:			CRITICAL		
of lexus	1				PERF. IND.	DENIAL	
	REF#	3111	POC (not the OPR)	SOURCE	CANDIDATE	REASON*	EREO.
	C2-13	Commercial Member satisfaction with plan	Troy McGilvra	Internal	YES		Quarterly
	C2-14	Commercial Member satisfaction with Medical Group	Troy McGilvra	Internal	YES		Quarterly
	C2-15	Member satisfaction with practitioner	Troy McGilvra	Internal	YES		Quarterly
	C2-16	Provider Satisfaction	Troy McGilvra	Internal	YES		Quarterly
		Accessibility					
		Timeliness of preventive care appointments in 42					
	C2-18	calendar days	Troy McGilvra	Internal	YES		Quarterly
		Timeliness of routine primary care appointments within 7					
	C2-19	days	Troy McGilvra	Internal	YES		Quarterly
	C2-20	Timeliness of urgent care appointments within 24 hours	Troy McGilvra	Internal	YES		Quarterly
	C2-21	Timeliness of emergency care (immediately)	Troy McGilvra	Internal	YES		Quarterly
	C2-22	ER appeals received PTMPY (each product)	Troy McGilvra	Internal	YES		Quarterly
		Access to after hours care (24hrs/7days a week/365 days					
	C2-23	year)	Troy McGilvra	Internal	YES		Quarterly
		Complaints (each product)					
	C2-25	Complaints PTMPY	Troy McGilvra	Internal	YES		Quarterly
	C2-26	Access related complaints PTMPY	Troy McGilvra	Internal	YES		Quarterly
	C2-27	Delay, denial, referral complaints PTMPY	Troy McGilvra	Internal	YES	·	Quarterly
		Case Findings					
	C2-29	# of Quality of Care Issues received YTD PTMPY	Troy McGilvra	Internal	YES		Quarterly
	C2-30	# pending	Troy McGilvra	Internal	YES		Quarterly
	C2-31	% of QI issues resolved within 30 days	Troy McGilvra	Internal	YES		Quarterly
	C2-32	# of cases refered to Quality Council	Troy McGilvra	Internal	YES		Quarterly
		Appeals and Grievances (each product)					
	C2-34	# Appeals	Troy McGilvra	Internal	YES		Quarterly
	C2-35	Appeals PTMPY	Troy McGilvra	Internal	YES		Quarterly
	C2-36	% Expedited appeals (72hours)	Troy McGilvra	Internal	YES	,	Quarterly
	C2-37	Overturned appeals	Troy McGilvra	Internal	YES		Quarterly
		Customer Service Center Standards					
	C2-39	Avg response time Less than 20 seconds	Troy McGilvra	Internal	YES		Quarterly
	C2-40	W of collegeneration 30 eachande	Trov McCilvra	Infernal	VEC		Ottartariv

CRITICAL   CRITICAL   CRITICAL   CRITICAL   CRITICAL   CRITICAL   CRITICAL   CANDIDATE   Troy McGilvra   Internal   VES   Troy McG	7.16		PacifiCare of Texas Performance Indicators	mance indicators				
REE#   Existing Management Metrica:   PREF#   ITILE   POC COLOGITIE   POC COLOGITIE   PREF#. INID.	Tacill							
REE.#         TITILE         FIGH         POC Into the OPR)         SOURCE         CANDIDIATE           C2-42         Member satisfaction with call center         Troy McGlivra         Internal         YES           C2-42         Member satisfaction with call center         Troy McGlivra         Internal         YES           C2-45         % Chean claims processed in thirty days         Troy McGlivra         Internal         YES           C2-45         % of contracted physician clean claims in thirty days         Troy McGlivra         Internal         YES           C2-46         % of contracted physician clean claims in thirty days         Troy McGlivra         Internal         YES           C2-46         % of practitioners credentialing time less than 180 days         Troy McGlivra         Internal         YES           C2-49         Average credentialing within 2 years         Troy McGlivra         Internal         YES           C2-50         # of apecialists recredentialied within 2 years         Troy McGlivra         Internal         YES           C2-51         % of specialists recredentialied within 2 years         Troy McGlivra         Internal         YES           C2-52         # of specialists recredentialied within 2 years         Troy McGlivra         Internal         YES           C2-54	of Texas	1	Existing Management Metrics:			CRITICAL		
Abandonment rate  TITLE  Abandonment rate  Member satisfaction with call center  Claims  Wenther satisfaction with call center  Claims  % Clean claims processed in thirty days  % of contracted physician clean claims in thirty days  % of contracted physician clean claims in thirty days  % of contracted physician clean claims in thirty days  % of processed in thirty days  % of processed physician clean claims in thirty days  % of processed physician clean claims in thirty days  % of processed physician clean claims in thirty days  % of processed physician clean claims in thirty days  % of processed physician clean claims in thirty days  % of Processed physician clean claims in thirty days  % of Processed physician clean claims in thirty days  % of Processed physician clean claims in thirty days  % of Processed physician clean claims in thirty days  % of Processed physician clean claims in thirty days  % of Specialists recredentialied within 2 years  Diabetics  % of Specialists recredentialied within 2 years  Diabetics  % of Specialists recredentialied within 2 years  Diabetics  Diabetics  Diabetics and (HEDIS measure)  Clinical indicators  Diabetics and (HEDIS measure)  Clinical indicators  Diabetics whose blood sugar is in control  Troy McGilvra  Troy McGilvra  Troy McGilvra  Internal  YES  % of diabetics whose blood sugar is in control  % of diabetics whose blood sugar is in control  % of diabetics who receive annual foot exams  % of diabetics who sended and quit smoking  % of diabetics and in their care  % of diabetics who sended and quit smoking  Momen's and children's health  Troy McGilvra  Troy McGilvra  Troy						PERF. IND.	DENIAL	
Abandonment rate Member satisfaction with call center Claims % Clean claims processed in thirty days Credentialing processed in thirty days 7 Troy McGilvra % of contracted physician clean claims in thirty days 7 Troy McGilvra 7 Troy McGilvra 7 Troy McGilvra 8 of practitioners credentialied within 2 years 7 Troy McGilvra 8 of practitioners credentialed within 2 years 7 Troy McGilvra 8 of processed in the less than 180 days 8 of ontracted physician clean claims in thirty days 8 of practitioners credentialied within 2 years 9 Troy McGilvra 9 Troy McGilvra 1 Troy McGilvra		REF#	TITLE	POC (not the OPR)		CANDIDATE	REASON*	FREO.
Member satisfaction with call center   Troy McGilvra   Internal		C2-41	Abandonment rate	Troy McGilvra	-	YES		Quarterly
Cleims % Clean claims processed in thirty days % non contracted physician clean claims in thirty days % non contracted physician clean claims in thirty days % no contracted physician clean claims in thirty days % no contracted physician clean claims in thirty days % no contracted physician clean claims in thirty days  # of practitioners credentialled # of practitioners credentialled # of practitioners credentialled # of PCP recredentialled within 2 years # of Specialists recredentialled within 2 years # of Specialists recredentialled # of Glabetics # of Glabetics who receive annual screens for protein in # of Glabetics who receive annual screens for protein in # of Glabetics who receive annual screens for protein in # of Glabetics who receive annual foot exams # of Glabetics who see blood sugar is in control # of Glabetics who receive annual foot exams # of Glabetics who smoked and quit # of Glabetics who smoked and quit # of Glabetics who work who lose time form work # of Glabetics who work who lose time form work # of Glabetics who work who lose time form work # Of Momen's and children's haalth # Of Clabetics haalth # Of Cla		C2-42		Troy McGilvra	Internal	YES		Quarterly
% Clean claims processed in thirty days Troy McGilvra Internal % non contracted physician clean claims in thirty days % non contracted physician clean claims in thirty days % no contracted physician clean claims in thirty days  Credentialling # of practitioners credentialled # of applicants rejected Average credentialling time less than 180 days # of PCP recredentialled within 2 years # of PCP recredentialled # of PCP recredentialled # of PCP recredentialled # of Specialists recredentialled # of Glabetics who receive annual screens for protein in # of dlabetics who receive annual foot exams # of dlabetics who receive advice to quit smoking # of dlabetics who receive advice to quit smoking # of dlabetics who work who lose time form work # of dlabetics and work who lose time form work # of dlabetics and print their care # of dlabetics and print their care # of dlabetics who receive and quit # of dlabetics who receive and quit # of			Claims					
% non contracted physician clean claims in thirty days         Troy McGilvra         Internal           Credentialling         # of practitioners credentialled         Internal         Internal           # of practitioners credentialled within 2 years         Troy McGilvra         Internal           # of practitioners credentialled within 2 years         Troy McGilvra         Internal           % of PCP recredentialled within 2 years         Troy McGilvra         Internal           % of PCP recredentialled within 2 years         Troy McGilvra         Internal           # of Specialists recredentialled within 2 years         Troy McGilvra         Internal           # of PCP recredentialled within 2 years         Troy McGilvra         Internal           # of Specialists recredentialled within 2 years         Troy McGilvra         Internal           # of Specialists recredentialled within 2 years         Troy McGilvra         Internal           # of Specialists recredentialled within 2 years         Troy McGilvra         Internal           # of specialists recredentialled within 2 years         Troy McGilvra         Internal           Plabetic readmission rate PTMPY         Troy McGilvra         Internal           # of diabetics who receive annual screens for protein in         Troy McGilvra         Internal           # of diabetics who receive annual foot exams <td< td=""><td></td><td>C2-44</td><td></td><td>Troy McGilvra</td><td>Internal</td><td>YES</td><td></td><td>Quarterly</td></td<>		C2-44		Troy McGilvra	Internal	YES		Quarterly
Credentialing # of practitioners credentialed # of practitioners credentialed # of practitioners credentialed # of PCP recredentialing time less than 180 days # of PCP recredentialing within 2 years # of PCP recredentialided # of PCP recredentialided within 2 years # of PCP recredentialided # of PCP recredentialided within 2 years # of DCP recredentialided within 2 years # of Glabetic readmission rate PTMPY # of Glabetic whose blood sugar is in control # of Glabetics whose blood sugar is in control # of Glabetics whose blood sugar is in control # of Glabetics whose blood sugar is in control # of Glabetics whose lipids are at safe levels # of Glabetics who smoked and quit # of Glabetics who work who lose time form work # of Glabetics who work who lose time form work # of Glabetics who work who lose time form work # Of Glabetics with reliferance in themal # of Children's additional and children's and and children's and the process and a process and a process and a children's and c		C2-45	% non contracted physician clean claims in thirty days	Troy McGilvra	Internal	YES		Quarterly
# of practitioners credentialing # of practitioners credentialing # of practitioners credentialing time less than 180 days # of practitioners credentialing time less than 180 days # of applicants rejected # of applicants rejected # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied within 2 years   # of PCP recredentialied with their care   # of PCP recredentialied with their care   # of Glabetics who secive annual screens for protein in themal   # of Glabetics who receive advice to quit smoking   Troy McGilvra   Internal   # of Glabetics who smoked and quit   Troy McGilvra   Internal   # of Glabetics who work who lose time form work   Troy McGilvra   Internal   # of Glabetics who work who lose time form work   Troy McGilvra   Internal   # of Glabetics who work who lose time form work   Troy McGilvra   Internal   Troy McGil		C2-46	% of contracted physician clean claims in thirty days	Troy McGilvra	Internal	YES		Quarterly
# of practitioners credentialed Average credentialing time less than 180 days # of applicants rejected # of applicants rejected   # of applicants rejected   Troy McGilvra   Internal     # of PCP recredentialied within 2 years   Troy McGilvra   Internal     # of PCP recredentialied within 2 years   Troy McGilvra   Internal     # of PCP recredentialied within 2 years   Troy McGilvra   Internal     # of PCP recredentialied within 2 years   Troy McGilvra   Internal     # of PCP recredentialied within 2 years   Troy McGilvra   Internal     Clinical indicators   Diabetics who receive annual screens for protein in     Point of diabetics who receive annual screens for protein in     # of diabetics who receive annual foot exams   Troy McGilvra   Internal     # of diabetics who receive advice to quit smoking   Troy McGilvra   Internal     # of diabetics who receive advice to quit smoking   Troy McGilvra   Internal     # of diabetics who receive advice to quit smoking   Troy McGilvra   Internal     # of diabetics satisfied with their care   Troy McGilvra   Internal     # of diabetics satisfied with their care   Troy McGilvra   Internal     # of diabetics satisfied with their care   Troy McGilvra   Internal     # of diabetics satisfied with their care   Troy McGilvra   Internal     # of diabetics who sort their illness   Internal     # of diabetics satisfied with their care   Troy McGilvra   Internal     # of diabetics who sort their illness   Interna			Credentialling					
Average credentialling time less than 180 days # of applicants rejected # of applicants rejected # of applicants rejected # of applicants rejected # of specialists recredentialled within 2 years # of diabetics who receive annual screens for protein in thermal # of diabetics who receive annual foot exams # of diabetics who receive annual foot exams # of diabetics who receive annual foot exams # of diabetics who receive and quit # or years # of diabetics who work who lose time form work # of diabetics who work who lose time form work # Decause of their illness # Or years # or year		C2-48	# of practitioners credentialed	Troy McGilvra	Internal	YES		Quarterly
# of applicants rejected  % of PCP recredentialled within 2 years  % of PCP recredentialled within 2 years  % of Specialists recredentialled within 2 years  # of PCP recredentialled Troy McGilvra Internal  # of PCP recredentialled Troy McGilvra Internal  # of Specialists recredentialled Troy McGilvra Internal  # of Specialists recredentialled Troy McGilvra Internal  # of Glabetic readmission rate PTMPY  # of Glabetic readmission rate PTMPY  # of Glabetic who receive annual screens for protein in thernal  # of Glabetics who receive annual foot exams  # of Glabetics who receive advice to quit smoking Troy McGilvra Internal  # of Glabetics who smoked and quit Troy McGilvra Internal  # of Glabetics who work who lose time form work  # of Glabetics who work who lose time form work  # of Glabetics who work who lose time form work  # of Glabetics who work who lose time form work  # of Glabetics who work who lose time form work  # Decause of their Illness  # Of Glabetics who work who lose time form work  # Decause of their Illness  # Of Glabetic work  # O		C2-49	Average credentialling time less than 180 days	Troy McGilvra	Internal	YES		Quarterly
% of PCP recredentialled within 2 years       Troy McGilvra       Internal         % of specialists recredentialled within 2 years       Troy McGilvra       Internal         # of PCP recredentialled       Troy McGilvra       Internal         # of Specialists recredentialled       Troy McGilvra       Internal         Clinical indicators       Troy McGilvra       Internal         Clinical indicators       Troy McGilvra       Internal         Diabetes       Troy McGilvra       Internal         Diabetic redunal scame (HEDIS measure)       Troy McGilvra       Internal         Modiabetic readmission rate PTMPY       Troy McGilvra       Internal         Modiabetic readmission rate PTMPY       Troy McGilvra       Internal         Modiabetic swho receive annual screens for protein in the urine       Troy McGilvra       Internal         Modiabetics who receive annual foot exams       Troy McGilvra       Internal         Modiabetics who receive annual foot exams       Troy McGilvra       Internal         Modiabetics who receive advice to quit smoking       Troy McGilvra       Internal         Modiabetics sutsified with their care       Troy McGilvra       Internal         Momen's and children's health       Troy McGilvra       Internal		C2-50	# of applicants rejected	Troy McGilvra	Internal	YES		Quarterly
# of specialists recredentialled within 2 years   Troy McGilvra   Internal # of PCP recredentialled   Troy McGilvra   Internal   W of diabetics who receive annual screens for protein in the urine   W of diabetics who receive annual foot exams   Troy McGilvra   Internal   W of diabetics whose blood sugar is in control   Troy McGilvra   Internal   W of diabetics whose lipids are at safe levels   Troy McGilvra   Internal   W of diabetics who smoked and quit   Troy McGilvra   Internal   W of diabetics who smoked and quit   Troy McGilvra   Internal   W of diabetics satisfied with their care   Troy McGilvra   Internal   Women's and children's health   Troy McGilvra   Internal   Troy McGilvra		C2-51	% of PCP recredentialled within 2 years	Troy McGilvra	Internal	Q Q	2	Quarterly
# of PCP recredentialled Troy McGilvra Internal # of specialists recredentialled Troy McGilvra Internal Clinical indicators  Clinical indicators  Clinical indicators  Diabetes  Hemoglobin A1C tests  Diabetic retinal exam (HEDIS measure) Diabetic retinal exam (HEDIS measure) Diabetic readmission rate PTMPY  % of diabetics who receive annual screens for protein in the urine # % of diabetics who receive annual foot exams  % of diabetics who receive advice to quit smoking  % of diabetics who receive advice to quit smoking  % of diabetics who receive advice to quit smoking  % of diabetics who receive advice to quit smoking  % of diabetics who work who lose time form work  % of diabetics who work who lose time form work		C2-52	% of specialists recredentialled within 2 years	Troy McGilvra	Internal	ON ON	2	Quarterly
# of specialists recredentialled  Clinical indicators  Clinical indicators  Diabetes  Hemoglobin A1C tests  Diabetic retinal exam (HEDIS measure)  Diabetic retinal exam (HEDIS measure)  Troy McGilvra  Diabetic readmission rate PTMPY  % of diabetics who receive annual screens for protein in the urine  % of diabetics whose blood sugar is in control  % of diabetics whose blood sugar is in control  % of diabetics who receive annual foot exams  % of diabetics who receive advice to quit smoking  % of diabetics who smoked and quit  % of diabetics satisfied with their care  % of diabetics satisfied with their care  % of diabetics who work who lose time form work  because of their illness  Women's and children's health		C2-53	# of PCP recredentialled	Troy McGilvra	Internal	9	2	Quarterly
Clinical indicators  Diabetes Hemoglobin A1C tests Diabetic retinal exam (HEDIS measure) Diabetic retinal exam (HEDIS measure) Diabetic retinal exam (HEDIS measure)  No diabetic readmission rate PTMPY No diabetics who receive annual screens for protein in the urine No diabetics whose blood sugar is in control No diabetics whose blood sugar is in control No diabetics who receive advice to quit smoking No diabetics who receive advice to quit smoking No diabetics who smoked and quit No diabetics who work who lose time form work Decause of their illness Nomen's and children's health  Troy McGilvra Internal Nomen's and children's health		C2-54	# of specialists recredentialled	Troy McGilvra	Internal	9	2	Quarterly
Clinical indicators  Diabetes Hemoglobin A1C tests Diabetic retinal exam (HEDIS measure)  Diabetic retinal exam (HEDIS measure)  Diabetic readmission rate PTMPY  Diabetic readmission rate PTMPY  Of diabetics who receive annual screens for protein in the urine  % of diabetics whose blood sugar is in control  % of diabetics who receive annual foot exams  % of diabetics who receive annual foot exams  % of diabetics who receive advice to quit smoking  % of diabetics who smoked and quit  % of diabetics satisfied with their care  % of diabetics satisfied with their care  % of diabetics who work who lose time form work  because of their illness  Women's and children's health  Troy McGilvra  Internal  Int								
Diabetes         Hemoglobin A1C tests       Troy McGilvra       Internal         Diabetic retinal exam (HEDIS measure)       Troy McGilvra       Internal         % of diabetics who receive annual screens for protein in the urine       Troy McGilvra       Internal         % of diabetics whose blood sugar is in control       Troy McGilvra       Internal         % of diabetics who receive annual foot exams       Troy McGilvra       Internal         % of diabetics who receive advice to quit smoking       Troy McGilvra       Internal         % of diabetics who receive advice to quit smoking       Troy McGilvra       Internal         % of diabetics who smoked and quit       Troy McGilvra       Internal         % of diabetics who work who lose time form work       Troy McGilvra       Internal         % of diabetics advice to quit smoking       Troy McGilvra       Internal         % of diabetics who work who lose time form work       Troy McGilvra       Internal         Women's and children's health       Troy McGilvra       Internal			Clinical indicators					
Hemoglobin A1C tests  Diabetic retinal exam (HEDIS measure)  Diabetic retinal exam (HEDIS measure)  Modelic retinal exam (HEDIS measure)  Troy McGilvra  Modelic readmission rate PTMPY  Troy McGilvra  Modelic readmission rate PTMPY  Troy McGilvra  Troy McGilvra  Internal  Modelics whose blood sugar is in control  Modelics whose blood sugar is in control  Modelics whose blood sugar is in control  Modelics whose lipids are at safe levels  Modelics whose lipids are at safe levels  Modelics who smoked and quit  Modelics who smoked and quit  Modelics who work who lose time form work  Momen's and children's health  Troy McGilvra  Internal  Momen's and children's health			Diabetes					
Diabetic retinal exam (HEDIS measure)  Diabetic readmission rate PTMPY  % of diabetics who receive annual screens for protein in the urine  % of diabetics whose blood sugar is in control  % of diabetics who receive annual foot exams  % of diabetics who receive annual foot exams  % of diabetics who receive advice to quit smoking  % of diabetics who smoked and quit  % of diabetics satisfied with their care  % of diabetics who work who lose time form work  % of diabetics who work who lose time form work  Women's and children's health  Women's and children's health		C3-2	Hemoglobin A1C tests	Troy McGilvra	Internal	YES		Quarterly
Diabetic readmission rate PTMPY       Troy McGilvra       Internal         % of diabetics whose blood sugar is in control       Troy McGilvra       Internal         % of diabetics whose blood sugar is in control       Troy McGilvra       Internal         % of diabetics whose lipids are at safe levels       Troy McGilvra       Internal         % of diabetics who receive advice to quit smoking       Troy McGilvra       Internal         % of diabetics who smoked and quit       Troy McGilvra       Internal         % of diabetics who work who lose time form work       Troy McGilvra       Internal         % of diabetics who work who lose time form work       Troy McGilvra       Internal         Women's and children's health       Troy McGilvra       Internal		C3-3	Diabetic retinal exam (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
% of diabetics whose blood sugar is in control       Troy McGilvra       Internal         % of diabetics whose blood sugar is in control       Troy McGilvra       Internal         % of diabetics whose lipids are at safe levels       Troy McGilvra       Internal         % of diabetics who receive advice to quit smoking       Troy McGilvra       Internal         % of diabetics who smoked and quit       Troy McGilvra       Internal         % of diabetics satisfied with their care       Troy McGilvra       Internal         % of diabetics who work who lose time form work       Troy McGilvra       Internal         Women's and children's health       Troy McGilvra       Internal		3 <del>4</del>	Diabetic readmission rate PTMPY	Troy McGilvra	Internal	YES		Quarterly
the urine % of diabetics whose blood sugar is in control % of diabetics who receive annual foot exams % of diabetics who receive advice to quit smoking % of diabetics who smoked and quit % of diabetics satisfied with their care % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics how work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time form work % of diabetics who work who lose time fore								
% of diabetics whose blood sugar is in control       Troy McGilvra       Internal         % of diabetics who receive annual foot exams       Troy McGilvra       Internal         % of diabetics who receive advice to quit smoking       Troy McGilvra       Internal         % of diabetics who smoked and quit       Troy McGilvra       Internal         % of diabetics satisfied with their care       Troy McGilvra       Internal         % of diabetics who work who lose time form work       Troy McGilvra       Internal         Women's and children's health       Troy McGilvra       Internal		3-5	the urine	Troy McGilvra	Internal	YES		Quarterly
% of diabetics whose lipids are at safe levels       Troy McGilvra       Internal         % of diabetics who receive advice to quit smoking       Troy McGilvra       Internal         % of diabetics who smoked and quit       Troy McGilvra       Internal         % of diabetics satisfied with their care       Troy McGilvra       Internal         % of diabetics who work who lose time form work       Troy McGilvra       Internal         Women's and children's health       Troy McGilvra       Internal		ဌာမ	% of diabetics whose blood sugar is in control	Troy McGilvra	Internal	YES		Quarterly
% of diabetics whose lipids are at safe levels       Troy McGilvra       Internal         % of diabetics who smoked and quit       Troy McGilvra       Internal         % of diabetics satisfied with their care       Troy McGilvra       Internal         % of diabetics who work who lose time form work       Troy McGilvra       Internal         Women's and children's health       Troy McGilvra       Internal		C3-7	% of diabetics who receive annual foot exams	Troy McGilvra	Internal	YES		Quarterly
% of diabetics who receive advice to quit smoking Troy McGilvra Internal % of diabetics who smoked and quit % of diabetics satisfied with their care % of diabetics satisfied with their care % of diabetics who work who lose time form work because of their illness Women's and children's health		ဗ္ဗ	% of diabetics whose lipids are at safe levels	Troy McGilvra	Internal	YES		Quarterly
% of diabetics who smoked and quit  % of diabetics satisfied with their care % of diabetics who work who lose time form work because of their illness  Women's and children's health		C3-9	% of diabetics who receive advice to quit smoking	Troy McGilvra	Internal	YES		Quarterly
% of diabetics satisfied with their care % of diabetics who work who lose time form work because of their illness Women's and children's health		C3-10	% of diabetics who smoked and quit	Troy McGilvra	Internal	YES		Quarterly
% of diabetics who work who lose time form work because of their illness Women's and children's health		C3-11	% of diabetics satisfied with their care	Troy McGilvra	Internal	YES		Quarterly
because of their illness Internal Women's and children's health			% of diabetics who work who lose time form work					
Women's and children's health		C3-12	because of their illness	Troy McGilvra	Internal	YES		Quarterly
			Women's and children's health					

9/7kws 0/7kws REF# C3-14 C3-15	Existing Management Metrics:					
of Items REF C3- C3-						
				CRITICAL		
RE S S S		•		PERF. IND.	DENIAL	
8 8	# IIIIE	POC (not the OPR)	SOURCE	CANDIDATE	REASON*	EREO.
ें हैं हैं	% of children who are fully immunized by two years of					
ප් ස	4 age (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
हें ह	% of adolescents immunized by 13 years of age (HEDIS					
ځ	measure)	Troy McGilvra	Internal	YES		Quarterly
2	% of women who receive prenatal care during the 1st					
3	ţ	Troy McGilvra	Internal	YES		Quarterly
C3-17		Troy McGilvra	Internal	YES		Quarterly
C3-18	VBAC Rate	Troy McGilvra	Internal	YES		Quarterly
C3-19	l9 Low birth weight (less than 1500 grams)	Troy McGilvra	Internal	YES		Quarterly
C3-	(less than 2500 grams)	Troy McGilvra	Internal	YES		Quarterly
පි		Troy McGilvra	Internal	YES		Quarterly
C3-52		Troy McGilvra	Internal	YES		Quarterly
	Cardiovascular health					
C3-24	24 AMI re-admission rate within 7 days	Troy McGilvra	Internal	YES		Quarterly
C3-52		Troy McGilvra	Internal	YES		Quarterly
	% of eligible members taking beta blockers (HEDIS					
C3-26	me	Troy McGilvra	Internal	YES		Quarterly
C3-27		Troy McGilvra	Internal	YES		Quarterly
-						
C3-28	per	Troy McGilvra	Internal	YES		Quarterly
	% of eligible members with elevated cholesterol 6 mths	-				
C3-29	AMI taking cholesterol lowering drugs	Troy McGilvra	Internal	YES		Quarterly
C3-30		Troy McGilvra	Internal	YES		Quarterly
C3-31		Troy McGilvra	Internal	YES		Quarterly
C3-32		Troy McGilvra	Internal	YES		Quarterly
C3-33		Troy McGilvra	Internal	YES		Quarterly
C3-34		Troy McGilvra	Internal	YES		Quarterly
C3-35		Troy McGilvra	Internal	YES		Quarterly
C3-36	36 % of eligible members counseled on fluid restrictions	Troy McGilvra	Internal	YES		Quarterly
	Depression					

・ロスランス・ロー・						
of Texas	Existing Management Metrics:			CRITICAL		
				PERF. IND.	DENIAL	
REF#	TITLE	POC (not the OPR) SOURCE	SOURCE	9	<u>I</u>	FREO.
	% of members hospitalized for depression seen by					
	mental health provider within 30 days of discharge (HEDIS					
C3-38	measure)	Troy McGilvra	Internal	YES		Quarterly
	% of members improved significantly with in 6 months					
C3-39	after diagnosis	Troy McGilvra	Internal	YES		Quarterly
	% of members received prescription greater than 9					
C3-40	months	Troy McGilvra	Internal	YES		Quarterly
	% patients able to continue daily work activities - 6					
C3-41	months	Troy McGilvra	Internal	YES		Quarterly
C3-42	% patients coping well with the disease - 6 months	Troy McGilvra	Internal	YES		Ouarterly
	% members satisfied with the care the receive for					
C3-43	depression – 6 mths post diagnosis	Troy McGilvra	Internal	YES		Quarterly
	Stop Smoking					
C3-45	Number participants (both products)	Troy McGilvra	Internal	YES		Quarterly
C3-46	% members counseled to quit (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-47	Quit rates ( quit for 12 months)	Troy McGilvra	Internal	YES		Quarterly
C3-48	% members who smoke	Troy McGilvra	Internal	YES		Quarterly
	Senior influenza					
C3-50	% eligible members who received vaccination	Troy McGilvra	Internal	ON	2	Quarterly
* Reasons for denvir	* Reasons for denving candidacy as critical performance indicator:					
1. Not a specific me	Not a specific metric (e.g. a narrative report)					
1 1	An MTF, FHFS, HCFA, or external organization-specific metric					
3. Not a metric for e	Not a metric for executive management level consideration (e.g. "in the weeds" or purely contract compliance)	or purely contract con	(egneilor			

# Appendix D

#### Health Status

Critical Performance Indicator Candidates

Condidates for Health Status scored for JUDGE Model:   DATA   D			ວັ	Itical Perfo	Critical Performance Indicator Candidates	Candidates				
NA   NA   NATA   DATA   DATA   STRATEGIC EXTERNAL									er und der debens, in Andrews v. 19 nehr die er dem der der Westerland	
METRIC DATA   DATA   DATA   STRATEGIC EXTERNAL	All CPI Candidates for Health Status scored for JU	DGE	lodel:							
TSW   UM   0.45   0.40   0.30   0.50   0.70     TSW   UM   0.45   0.40   0.30   0.50   0.20     TSW   UM   0.45   0.40   0.60   0.30   0.20     TSW   UM   0.45   0.40   0.40   0.60   0.20     TSW   UM   0.45   0.40   0.60   0.20   0.20     TSW   UM   0.45   0.40   0.40   0.20   0.20     TSW   UM   0.45   0.40   0.40   0.20   0.20     TSW   UM   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40		000		DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TSW UM		S S S		THEAT	ACCESSIBILITY	IIMELINESS	ACHONABLE	YANT	BENCHMAKK	VALUE
TSW   UM   0.45   0.40   0.30   0.60   0.70     TWW   UM   0.45   0.40   0.10   0.10     TSW   UM   0.45   0.40   0.60   0.30   0.20     TSW   UM   0.45   0.40   0.60   0.30   0.20     TSW   UM   0.40   0.40   0.60   0.30   0.20     TSW   UM   0.40   0.40   0.60   0.30   0.20     TSW   UM   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40   0.40   0.40     TSW   UM   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40   0.40	Utilization Management				,					
TNW UM		TSW		0.45	0.40	0.30	09.0	0.70	0.50	0.35
For UM   0.45   0.40   0.50   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20	And the second s	N N F		0.10	0.20	0.10	0.10	0.10	0.10	0.30
## TSW UM UM PoT		PoT		0.45	0.40	09.0	0:30	0.20	0.40	0.35
S Per PoT UM				·						
S Per PoT UM	ER visits per 1000 enrollees	TSW	S S							
S per PoT UM Pot	MTF-Enrolled Prime Pts' Usage of ER Visits									
missions per 1000 enrollees TSW UM  wissions per thousand PoT UM  d days PTMPY (per thousand members per PoT UM  d days PTMPY (per thousand members per PoT UM  percounters PMPY PoT UM  percounters PMPY PoT UM  percalists per specialist per 1000 enrollees TSW UM  percalists encounters PMPY PoT UM  percalists encounters PMPY PoT UM  cos all requests shall be issued within (5) TSW UM  in fealth preauthorization determinations on of all requests shall be issued within (5) TSW UM  HCF Activity: Med/Surg Non-Network Reason TNW UM  HCF Activity: Case Outcome by Site TNW UM  R data vs Beneficiary Utilization data	During Normal Clinic Hrs	TNV	₩ O							
missions per 1000 enrollees TSW UM missions per thousand PoT UM d days PTMPY (per thousand members per PoT UM d days PTMPY (per thousand members per PoT UM d days PTMPY (per thousand members per PoT UM pt visits per specialist per 1000 enrollees TSW UM pt visits per specialist per 1000 enrollees TSW UM pt visits per specialist per 1000 enrollees TSW UM pt visits per specialist per 1000 enrollees TSW UM colalists encounters PMPY PoT UM colal requests shall be issued within (5) TSW UM al Health preauthorization determinations on of all requests shall be issued within (5) TSW UM to all requests shall be issued within (5) TSW UM HCF Activity: Med/Surg Non-Network Reason TNW UM HCF Activity: Case Outcome by Site TNW UM A data vs Beneficiary Utilization data TNW UM									- Commence of the second secon	to recipion and the second state of the second
rmissions per thousand PoT UM  digys Per thousand members per did days PTMPY (per thousand members per pot UM  SP encounters PMPY  PoT UM  Seciality referrals per 1000 enrollees TSW UM  PoT UM  An Inequests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued within (5) TSW UM  All requests shall be issued	Hospital admissions per 1000 enrollees	TSW	M O							
d days PTMPY (per thousand members per of days PTMPY (per thousand members per por days PTMPY (per thousand members per por days).  Por UM  Por Activity: Med/Surg Non-Network Reason TNW  PHCF Activity: Case Outcome by Site  TNW  Reals vs Beneficiary Utilization data  TNW  Reals vs Beneficiary Utilization data  TNM  Processory  Por UM  Processory  Por UM  Processory  Por UM  Processory  P	Admissions per thousand	PoT	NO.							
d days PTMPY (per thousand members per days PTMPY (per thousand members per days PTMPY (per thousand members per Por UM Por UM Por 1000 enrollees TSW UM Por UM Por Statisty per specialist per 1000 enrollees TSW UM Por UM Por DRG Por UM Por all requests shall be issued within (5) TSW UM Por JEW UM Por JEW POR DRG Por UM Por JEW POR DRG Por UM POR POR DRG POR DR										
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PoT UM  Scialty referrals per 1000 enrollees TSW UM  pt visits per specialist per 1000 enrollees TSW UM  pt visits per specialist per 1000 enrollees TSW UM  DoS TSW UM  OS OF all requests shall be issued within (5) TSW UM  AI Health preauthorization determinations on of all requests shall be issued within (5) TSW UM  HCF Activity: Med/Surg Non-Network Reason TNW UM  HCF Activity: Case Outcome by Site TNW UM  A data vs Beneficiary Utilization data TNW UM	Bed days PTMPY (per thousand members per									
TSW UM TSW UM Pot UM TSW UM Fot UM TSW UM TSW UM TSW UM TSW UM TSW UM TNW UM TN	year)	PoT	Š							
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TSW UM TSW UM Pot UM TSW UM TSW UM TSW UM TNW UM TNW UM TNW UM TNW UM										
TSW UM TSW UM TSW UM TSW UM TSW UM TNW UM TNW UM TNW UM	Specialty referrals per 1000 enrollees	TSW	MO		-					
TSW UM TSW UM TSW UM TSW UM TNW UM TNW UM TNW UM TNW UM										
TSW UM TSW UM TSW UM TSW UM TNW UM TNW UM TNW UM	Outpt visits per specialist per 1000 enrollees	TSW	5							
TSW UM TSW UM TSW UM TNW UM TNW UM TNW UM	Specialists encounters PMPY	PoT	<b>S</b>							
TSW UM TSW UM TSW UM TNW UM TNW UM TNW UM TNW UM										
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TSW UM TNW UM TNW UM TNW UM TNW UM	ALOS	PoT	Š							
TSW UM TNW UM TNW UM TNW UM										
TSW UM TNW UM TNW UM TNW UM	Medical/Surgical preauthorization determinations									
WST NW WNT WNT WNT	Workdays.	TSW				•				
TSW TNW TNW TNW	Mental Health preauthorization determinations on									
Reason TNW TNW TNW	100% of all requests shall be issued within (5)	TSW.								
Reason TNW TNW TNW										
Reason TNW TNW TNW										
TNW	UM - HCF Activity: Med/Surg Non-Network Reason	TNW				,	•			
TNW	UM - HCF Activity: Case Outcome by Site	<b>VNT</b>								
	HEAR data vs Beneficiary Utilization data	ANL								
							·			

		ပ်	itical Perfo	Critical Performance Indicator Candidates	Candidates.				
All CPI Candidates for Health Status scored for JUDGE Model	DGE N	Aodel							The statement of the st
		METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TILE	ORG.	IXPE	OUALITY	ACCESSIBILITY TIMELINESS	TIMELINESS	ACTIONABLE	TINK	BENCHMARK	VALUE
Quality Management									
	TSW		0.40	0.40	0.40	0.50	0.70	0.40	0.50
	<b>TNW</b>	QM	0.20	0.20	0.20	0.00	0.00	0.00	00.00
	PoT	ΨÖ	0.40	0.40	0.40	0.50	0.30	0.60	0.50
Griavance Intuitiae: Dravide uniter security									
the 30th calendar day for all Griavances not									
processed to completion by that date. The									
ne pu					•				
	TSW							,	
	TSW								
	TSW	₩ O							
QM - Grievances Processed in (60) Days	TNW								and the second second second second
Provide written response by the 30th calendar day									
after receipt for all reconsiderations not processed									
to completion advising the appealing party that the									
reconsideration determination will be made within				. •					
ou days.	TSW	ĕ							
One Hundred Percent (100%) of requests for									
expedited preadmission/preprocedure					•				-
reconsiderations to completion within three (3)									
request.	TSW	Š					*		
	PoT	Š							
	PoT	Š						-	
s (72hours)	PoT	ΝÖ							
Overturned appeals	PoT	WO							
									de se de de de destado en compresa de la compresa del la compresa de la compresa
	TSW	ş							the same of the sa
total number outstanding appeals	TSW	NO.							
			•						
	1								

		Ş	tical Perfor	Critical Performance Indicator Candidates	Candidates	-			
Obj. Condidate for Health Status conditions	n C	- John							
All Cri Candidates for <b>Death Status</b> scored to source mode.	200	METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
<b>4 11.1.</b>	ORG.	IXPE	QUALITY	QUALITY ACCESSIBILITY TIMELINESS ACTIONABLE	TIMELINESS	ACTIONABLE	LINK	-	VALUE
Case Management				of free life of the state of th					
de de la companya de	TSW	CM	0.70	0.80	0.75	0.40	0:30	0.50	0.50
	AN-	CM	0.00	0.00	0.00	0.00	0.00	0.00	00.00
	PoT	CM	0.30	0.20	0.25	09.0	0.70	0:50	0:20
		-							
Case Management									
Medical/Surgical evaluations shall be completed on									
TOU% of the cases within (5) workdays.	No.	2				a de agra de la fa grafamon que montenta cambo cambo cambo			
Melital freath evaluations shall be completed on 100% of the cases within (5) workdays.	TSW	Š					-		
Case Findings									
# of Quality of Care Issues received YTD PTMPY	PoT	CM							
# pending	PoT	CM							
% of QI issues resolved within 30 days	PoT	CM		of standard manners and resource for the standard manners are the standard and standard as the first standard and standard and standard as the first standard and standard as the first standard and standa					
# of cases refered to Quality Council	PoT	S						-	
									*** *** *** *** **** **** **** ********
Health Care Information Lines									
	TSW	로	0.50	0.50	0.50	0.50	0.50	0.50	0.50
The second secon	NA NA		0.50	0.50	0.50	0.50	0.50	0.50	0.50
	PoT		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Care Information Benort	TOW	Ī							
HCIL - Total Call Distribution by Services Utilized	N L		er o to de al part president de la represident						
					1000				
									The state of the s
THE REPORT OF THE PROPERTY OF	1								
AMERICAN PROPERTY OF THE PROPE	-				And the second s	and distillation to the state of the state o			
			1					and the second s	The same of the sa
									A TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PART
									And the contract of the same and
en e	1								
				-					

		Ö	itical Perfo	Critical Performance Indicator Candidates	Candidates				
All CPI Candidates for Health Status scored for JUDGE		Model:							
TILE	Cac	TYPE	OLIAI ITY	ACCESCIBILITY	TIMELINESS	DATA ACTIONABLE	STRATEGIC	DENCHANDE	STAKEHOLDER
						THE PARTY OF THE P			TATOX
Clinical Indicators									
	TSW	ō	0.80	0.00	0.85	0.20	0.30	0.60	0.50
	<u>Ş</u>		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	PoT	ਠ	0.20	0.10	0.15	0.80	0.70	0.40	0.50
Clinical indicators									
Health Risk Appraisal	TSW	ಶ							
CI- Diabetes									
Hemoglobin A1C tests	PoT	S							
Diabetic retinal exam (HEDIS measure)	PoT	S							
Diabetic readmission rate PTMPY	PoT	<u>ප</u>							
% of diabetics who receive annual screens for									
protein in the urine	PoT	CID							
	PoT	CID							
25	PoT	CID							
vels	PoT	CID			•				
diabetics who receive advice to quit									
	PoT	당							
	PoT	<sub>당</sub>							
	PoT	CD							
% of diabetics who work who lose time form									
work because of their illness	PoT	믕							
CI- Women's and children's health									
% of children who are fully immunized by two									
years of age (HEDIS measure)	Pot	S							
% of adolescents immunized by 13 years of age	1	Š					•		
	5	3							
the 1st trimester (HEDIS measure)	PoT	CIV							
	PoT	SIM							
VBAC Rate	PoT	CIV							
nan 1500 grams)	PoT	CIW							The state of the s
	PoT	Š							
Mammography Rate (By product) (HEDIS	7.0	, and							
CICLIN	5 1	<u>}</u>							The state of the s
Cervical cancer screening (HEDIS measure)	5	<u>S</u>							athen a comment of the comment of th
Andread and the continues of the continu									

		ຣັ	tical Pertor	Critical Performance Indicator Candidates	Candidates				-
AI CD Candidates for Health Status conted for II DG	7	T. Model					A the state of the		
O LO COLOCAGO DO TROBINI CARRES SOCIOLOS DO COLOCAGO D		METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TTE	ORG.	IYPE	QUALITY	ACCESSIBILITY	TIMELINESS	TIMELINESS ACTIONABLE	TINK	BENCHMARK	VALUE
Cl- Cardiovascular health			-				1		
AMI re-admission rate - within 7 days	PoT	၁							
% of eligible members taking aspirin daily	PoT	CIC							
% of eligible members taking beta blockers									
	PoT	ပ္ပ	-						
embers taking ACE inhibitors	PoT	CIC							
ens									
performed 6 months AMI	PoT	ည	,						
% of eligible members with elev. cholesterol 6									-
mths AMI taking cholesterol lowering drugs	PoT	CIC							
st after									
	PoT	CIC							
% of elig. members counseled to quit smoking	PoT	CIC							
% of eligible members taking Digoxin	PoT	ပ္ပင							
% CHE re-admission rate within 7 days	PoT	၁							
% of eligible members taking diuretic	PoT	၁၂၁							
% of eligible members counseled on low									
sodium diet	PoT	၁၂၁					·		
% of eligible members counseled on fluid									
restrictions	PoT	ပ္ပ	/						
CI- Depression									
% of members hospitalized for depression seen									
by mental health provider within 30 days of									
discharge (HEDIS measure)	PoT	CP		-				-	
% of members improved significantly with in 6	ı								,
months after diagnosis	5	占	and the second						
% of members received prescription greater	Fod	<u>0</u>							
% nations able to continue daily work activities	_	5							
- 6 months	PoT	CIP					-		
% patients coping well with the disease - 6									
months	PoT	S							
% members satisfied with the care the receive									
for depression – 6 mths post diagnosis	PoT	SP							
CI- Smoking Cessation	PoT								
Number participants (both products)	PoT	SIS							
% members counseled to quit (HEDIS meas.)	PoT	CIS		And the second s					
Quit rates ( quit for 12 months)	PoT	CIS						- And the state of	and a special
% members who smoke	PoT	CIS						a reasonada e de desenvalor espelhon e un material en el 1997.	
/ IIIVIIIV WIIV WIIV	;	?							

# Appendix E

# Operations/Member Services

Critical Performance Indicator Candidates

Provider Satisfaction  Provider Substantian  Provider Satisfaction  Provider Satisfaction  Provider Substantian  Provider Substantian  Provider Substantian  Provider Substantian  Provider Substantian  Provider Substantian	METRIC TYPE PS		A LITTER	DATA		STRATEGIC	EXTERNAL BENCHMARK	STAKEHOLDER
II CPI Candidates for <u>Operations/Member Services</u> scored  TITLE  Provider Services  TSW  TNW  Provider Satisfaction  Results of survey Providers (by product)  Providers (by product)	METRIC TYPE PS		ACCESSIBILITY 0.8 0.1	DATA			EXTERNAL BENCHMARK	STAKEHOLDEF
III.E ORG. Ider Services TSW TNW TNW For TSW For Port	PS P		ACCESSIBILITY 0.8 0.1	TIMELINESS		-	BENCHMARK	SIAKEHOLDER
ider Services TSW TNW TNW For Port	Mathematical         Mathematical<		0.8	TIMELINESS			DENCHMARA	2/// 116
ider Services ier Satisfaction ers (by product)	X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X	0.1	0.8		ACTIVINABLE			ACTOR
ler Satisfaction	8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8	0.1	0.8		was eftel (Period) - efte elleren ; sept et a de ; minime pape, des	Acceptable for the same of the property and the same	allows to the destinations of the state of t	and the second s
ier Satisfaction ers (by product)	\$\infty\$ \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$         \$\infty\$ <td>0.3</td> <td>0.1</td> <td>0.75</td> <td>0.3</td> <td>9.0</td> <td>0.45</td> <td>0.65</td>	0.3	0.1	0.75	0.3	9.0	0.45	0.65
fer Satisfaction	8 8 8 8 8 8	0.3		0.1	0.1	0.1	0.1	0.1
ler Satisfaction	8 8 8 8 8		0.2	0.25	9.0	0.3	0.45	0.25
ier Satisfaction	8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8							
ers (by product)	<u>୪ ୪ ୪ ୪ ୪</u>							
ers (by product)	ୟ							
Providers (by product)	ଷ ଷ ଷ							
compared (a) bloomer)	8 8 8							
Pod Total	S S S							a man extension makes in a water constant to the present of the statement
ember ratio	S S							
	Sd							
Hospitals - Total	)							
Network Adequacy Report	PS							
Network Adequacy TNW	PS							
Credentialing								
	S							
Average credentialing time less than 180 days PoT	PS							
	PS				٠			
	PS							
# privileged providers by specialty TSW	PS		,					
ıctions	PS							A Company of the Comp
Dhamada								
Total	ď							
ric Fill rate (hv product)	S		A COLUMN AND A COL					
Ces	PS							
is issues within							American designation of the special section o	To the total and
30 calendar days of identification.	S							
	A Desire of the Party of the Pa		,		Professional Control of Control o			
				T STATE OF THE STA				
The second secon								

		ວັ	itical Perfor	Critical Performance Indicator Candidates	Candidates				
All CPI Candidates for Operations/Member Services scored for JUDGE Model:	200	red for JUD	GE Model:						
		METRIC	$\rightarrow$	DATA	DATA		STRATEGIC	EXTERNAL	STAKEHOLDER
50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ORG	IXE	QUALITY	QUALITY ACCESSIBILITY	TIMELINESS	ACTIONABLE	LINK	BENCHMARK	VALUE
Customer Service									
-	TSW	SS	0.60	0.30	0.40	0.70	0.60	0.45	0 0
	Ž.	ဗ	0.30	09.0	0.50	0.20	0.25	0.45	0.30
	PoT	SS	0.10	0.10	0.10	0.10	0.15	0.10	0.10
TRICARE Service Center									1
Ninety percent (90%) of all calls must be									
acknowledged by a telephone representative or									
Automated Response Unit (ARU) within 120 seconds after initial preeting	TSW	y		•					
Eighty percent (80%) of calls must be handled to		3							
completion during the inital call.	TSW	SS							
If call is not completed during initial call, call back									
must be made within 2 days.	TSW	ဗ					-		
Ninety-five percent (95%) of all final call backs or									and the state of t
Wither Teplies must be provided Within 10 days.	ΛΩ	3							
One hundred percent (100%) of all final call backs			****					٠	
	TSW	S							
ali be placed									
on hold for no longer than 5 minutes.	TSW	బ					-		
Ninety-eight percent (98%) of walk-in inquiries will									
be tracked to ensure final response is rendered.									
3	TSW	S				·	•		
ies will be greeted within 5									
	TSW	လ							
Referral Services available at TSCs with no more									Management of the state of the
	TSW	S							
mer Service available at TSCs with no more									
than a 15 minute wait for beneficiaries visiting the	10.0	6							
	36	3							
Valk-ins	<u>Š</u>	ဗ							
	<u>Ş</u>	ၓ							
er Calls Answered	<u>Ş</u>	ပ္ပ							
Reasons for TSC Calls	ANL	cs							

		Crit	ical Perfor	Critical Performance Indicator Candidates	Candidates				
All CPI Candidates for Operations/Member Services scored for JUDGE Model:	es scor	ed for JUDC	E Model:						
		METRIC	DATA			DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TITLE	ORG.	IYPE	QUALITY	ACCESSIBILITY	TIMELINESS	ACTIONABLE	EN	BENCHMARK	VALUE
Toll-Free Telephone								The same of the sa	
The Toll-Free telephone busy signal rate shall	TSW	SS							
%) of all calls shall be									
s by an			•						
$\neg$	TSW	ပ္သ						A 11. CATALOG	
Ninety percent (90%) of all calls must be handled									
by a telephone representative or automated									
response unit (ARU) within 120 seconds after									
	TSW	ဗ							1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Eighty percent (80%) of calls must be handled to			-						
completion during the initial call (calls are complete									
when the caller has all of the information needed				•					
regarding their situation).	TSW	SS							
eceive return calls within		-							
	TSW	လ						`	
Ninety-five percent (95%) of all calls that were not									
handled to completion during the initial call must be									
completed within 10 calendar days.	TSW								
One hundred percent (100%) of all calls must be									
resolved within 20 calendar days.	TSW	လွ						110	
Toll-Free Telephone Report	TSW	လ							
Customer Service Center Standards									and the second s
Avg response time Less than 20 seconds	PoT	သ			,				
% of calls answered in 30 seconds	PoT	S					-		10 min (10 min
Abandonment rate	PoT	သ							
									The state of the s
The first communication of the first communicati									: ::
remer type de la companya de servicio de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya del la companya del la companya de la companya del la compa									
And the state of t									The state of the s
									The state of the s

All CPI Candidates for Oscartians Manuel		Ci 11 - 24 F - 1							
All Cri Carlottates for Operational Member Services scored for JUDGE Model:	200	METRIC	GE Model:	DATA	DATA	DATA	STRATEGIC	EXTEDNAL	STAKELOI DEB
IIIE	ORG.	1	QUALITY	ACCESSIBILITY	TIMELINESS	TIMELINESS ACTIONABLE	LINK	BENCHMARK	VALUE
Customer Satisfaction	-								
	TSW	5	0.30	0.50	0.60	0.10	0.15	0.30	030
	NY.	ರ	0.20	0.30	0.30	0.10	0.15	0.35	0.35
	PoT	5	0.50	0.20	0.10	0.80	0.70	0.35	0.35
Complaints	-								
Complaints PTMPY	PoT	CT							
Delay, denial, referral complaints PTMPY	PoT	ડ							-
Satisfaction (for each product)		ᇅ							
Commercial Member satisfaction with plan	PoT	CT							
Commercial Member satisfaction with Medical									
Group	PoT	5							
Member satisfaction with practitioner	PoT	5							
Member satisfaction with call center	PoT	5							
Patient Satisfaction of Referrals of MTFs Prime									
Benes to Civilian Network*	AN L	5							
The state of the s									
Congressional Inquiries									an ann a man a man a man a principal a parameter and a state and
Responses to Congressional Inquiries must be one									
hundred percent (100%) complete within 30									
calendar days.	TSW	CT							
The second secon									
The second secon									
									***
STATE OF STA									
emilibilati be de te e maneto de japo desta deste lambié amministra e cara. Esta e e trivanta dels demonstrato							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

		ST	tical Perfor	Critical Performance Indicator Candidates	Candidates				And the contract of the contra
								Anna Long Ste Lie Stephen (144 Stephen	and them is there as a day of agent to day the same a second con-
All CPI Candidates for Operations/Member Services scored for JUDGE Model:	S score	d for JUDG	3E Model:						
		METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
1111.	SEG	IXE	QUALITY	ACCESSIBILITY TIMELINESS ACTIONABLE	TIMELINESS	ACTIONABLE	LINK	BENCHMARK	VALUE
Enrollment									
	TSW	Z	0.30	0.40	0.20	0.20	0.10	0.40	0.10
	MNL	Z	0.60	0.50	0.70	0.60	0.80	0.40	0.80
	PoT	EN I	0.10	0.10	0.10	0.20	0.10	0.20	0.10
Enrollment Report	TSW	ËN							
Meet or exceed the Enrollment projection goals as set forth in the Annual Enrollment Plan (A00N).	TSW	Ä							
Applications: Process date must be within 10 days									
of lock box receipt date or within 48 hours of							,		
	TSW	Ë							
Disenrollment confirmation letter and survey must									
	TSW	N							
ID Cards/Enrollment material will be mailed within					-				
10 days from the entered date.	TSW	Z W		,					
nailed before the first									
day of the effective date.	TSW	EN							
Quarterly quality check: will be disenrolled if									
payment is not received by the end of the grace									
nent will be effective at the end of									
	TSW	S							age
Ilment vs Civilian Network	ANN.	Z							
Comparison of FY98 & 99 Ava Capitation Fligibiles		Í					de la company de		
	N.F	Ш Z							
	NA.	E						The state of the s	
essing	NN.	N.							
+	AN.	EN							
ent Call	TNW	Z L							
	AN-	EN							
Reason for Disenrollment	ANL M	EN							
Disenrollment Survey Statistics	YNY.	ËN							
								***************************************	
									,

All CPI Candidates for Operations/Nember Services	000	and for II II	OF Model						
Continuents for Operational Manager Services	000	red for JUL	5						
	1	MEIRIC	-	_	DATA		STRATEGIC	_	STAKEHOLDER
	ORG.	IXE	QUALITY	ACCESSIBILITY	TIMELINESS	<b>ACTIONABLE</b>	LINK	BENCHMARK	VALUE
I O'RI IMEMBERNID	5	Z							
Disenrollment rate	PoT	Z W							
:	PoT	S	-	-				!	
Membership growth and retention									
Commercial % growth	PoT	E							- Printer and the state of the
1-vear commercial retention	Fod	Z							
Commercial voluntary transfer rate	100	2							
Market penetration	Fod	I Z							
And the state of t	-								
Access to Care									
	TCIA!	2	3,0	000					
to the state of th	AND L	٤	9.0	0.30	0.20	0.45	0.20	0.40	0.25
	200	2	0.30	0.60	0.70	0.45	0.70	0.40	0.60
	PoT	AC	0.10	0.10	0.10	0.10	0.10	0.20	0.15
Accessibility									
Timeline									
42 calendar days	PoT	A		•	•				
Timeliness of routine primary care									
appointments within 7 days	PoT	Q V			•		•		
Timeliness of urgent care appointments within									
24 hours	PoT	¥C							
Timeliness of emergency care (immediately)	PoT	AC.				and a stronger can a many property control of			
ER appeals received PTMPY (each product)	PoT	AC							
Access to after hours care (24hrs/7days a	F	۷							
of DC Acute Applied British British British		5							
% of PC Acute Appts Meeting Prime Access Std	<u> </u>	AC							
% of PC Routine Appts Meeting Prime Access Std TNW	N.	Ą							
of PC Well Appts Meeting Prime Access Std	N.	AC							
				•					

As straight a secretary and the secretary of the Judge Model.  TITLE ORAN ACCESSIBILITY IMPELINESS ACTIONABLE LINK BENCHMARK VALUE  TITLE ORAN ACCESSIBILITY IMPELINESS ACTIONABLE LINK BENCHMARK VALUE  THE OLIVERY ACCESSIBILITY IMPELINESS ACTIONABLE LINK BENCHMARK VALUE  THE OLIVERY ACCESS AND ACCESS AND ACCESS ACCESSIBILITY ACCESSIBILITY IMPELINESS ACTIONABLE LINK BENCHMARK VALUE  There or a selective decembration of the provider fail types).  The Access at tiss and the access at tiss and the access and the access at tiss and the access at the access at tiss and the access at the access at the access at tiss and the access at the access at the access at the access and the access at the access access at the access access access at the access			5	Itical Perior		20220000				
TITLE	All CPI Candidates for Operations/Member Service	.es scor	ed for JUD	GE Model:						
TITLE   CORDINABLE   LINK   BENCHMARK			METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
ecialty Appts Meeting Prime Access Std* TNW Satisfaction Regarding Appt Access Isengagements from MTF due to failure to cess stds  ss related complaints PTMPY  an adequate provider/beneficiary ratio of 1 300 enrollees, and 1 Provider (all types): TSW ent level of delivery sites to ensure access TSW tdrive times not to exceed 30 minutes for TSW tdrive times not to exceed 30 minutes for TSW and times in non-emergency situations shall sed 30 minutes. TSW ment wait times: well visit wait shall not TSW ment wait times: acute visit wait shall not one week. TSW ment wait times: acute visit shall not one week. TSW ment wait times: specialty care visit wait t exceed 4 weeks. hall be available 24 Hours per day, 7 days k.	TILE	ORG.		QUALITY	ACCESSIBILITY		ACTIONABLE	TINK	BENCHMARK	VALUE
Satisfaction Regarding Appt Access Isengagements from MTF due to failure to cass stds  ser stds  ss related complaints PTMPY  an adequate provider/beneficiary ratio of 1  300 enrollees, and 1 Provider (all types): ITSW  and adequate provider/beneficiary ratio of 1  300 enrollees, and 1 Provider (all types): ITSW  ent level of delivery sites to ensure access  t drive times not to exceed 30 minutes for acce or 60 minutes for specialty care. ITSW  t drive times not to exceed 30 minutes for tweek.  alt times in non-emergency situations shall alt times in non-emergency situations shall and the week.  TSW  ment wait times: vell visit wait shall not and times: specialty care visit wait texceed 4 weeks.  TSW  ment wait times: specialty care visit wait texceed 4 weeks.  hall be available 24 Hours per day, 7 days k.		₩ L	AC							
sergagements from MTF due to failure to cass stds  cass stds  an adequate provider/beneficiary ratio of 1 an adequate provider/beneficiary ratio of 1 b00 enrollees, and 1 Provider (all types):  TSW  arclilees.  TSW  ent level of delivery sites to ensure access TSW  t drive times not to exceed 30 minutes for TSW  t drive times not to exceed 30 minutes for TSW  to emergency services 24 hours per day, 7 TSW  ait times in non-emergency situations shall as ad 30 minutes.  TSW  ment wait times: well visit wait shall not TSW  ment wait times: coutine visit wait shall not TSW  ment wait times: specialty care visit wait texceed 4 weeks.  hall be available 24 Hours per day, 7 days k.		NA NA	Ą					-		commission as the contribution of the desired of the second of the secon
an adequate provider/beneficiary ratio of 1 300 enrollees, and 1 Provider (all types): TSW art level of delivery sites to ensure access TSW trive times not to exceed 30 minutes for TSW to emergency services 24 hours per day, 7 T week. TSW The times in non-emergency situations shall and times in non-emergency situations shall and the weeks. TSW The weeks. TSW TO EMERICAN STAND THE TOWN THE WEEKS. THE STAND THE STA	Prime Disengagements from MTF due to failure to meet access stds	N.	AC				-			
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rollees.  ent level of delivery sites to ensure access TSW t drive times not to exceed 30 minutes for TSW to emergency services 24 hours per day, 7 TSW to emergency services 24 hours per day, 7 TSW ait times in non-emergency situations shall rownent wait times. well visit wait shall not TSW ment wait times: routine visit wait shall not rone week. TSW ment wait times: acute visit shall not rone day. TSW ment wait times: specialty care visit wait texceed 4 weeks.  hall be available 24 Hours per day, 7 days tk.	Ensure an adequate provider/beneficiary ratio of 1 PCM:2 000 enrolless and 1 Provider (all types):									
t drive livel of delivery sites to ensure access TSW t drive times not to exceed 30 minutes for care or 60 minutes for specialty care. TSW to emergency services 24 hours per day, 7 TSW To emergency services 24 hours per day, 7 TSW To emergency services 24 hours per day, 7 TSW To emergency services 24 hours shall and the week. TSW	1,200 enrollees.	TSW	Ş							
t drive times not to exceed 30 minutes for care or 60 minutes for specialty care.  To emergency services 24 hours per day, 7 rweek.  To emergency services 24 hours per day, 7 rweek.  To emergency services 24 hours per day, 7 rweek.  To emergency services 24 hours shall rot read 30 minutes.  To emergency services 24 hours shall rot rone week.  To emergency services 24 hours per day, 7 days read available 24 Hours read a	A sufficient level of delivery sites to ensure access									
TSW	to care.	TSW	AC							
TSW	Contract drive times not to exceed 30 minutes for									
TSW TSW TSW TSW TSW TSW	primary care or 60 minutes for specialty care.  Access to emergency services 24 hours per day 7		Ş							
TSW	days per week.		Ş							,
TSW	Office wait times in non-emergency situations shall	-								an double a great control of the con
WST WST TSW TSW	not exceed 30 minutes.	TSW	AC							
MST WST WST WST	Appointment wait times: well visit wait shall not	10.01	7							
WST TSW WST	exceed 4 Weeks.	20	₹							
TSW TSW TSW	Appointment wait times: routine visit wait shaii not exceed one week.	TSW	AC							
TSW TSW TSW	Appointment wait times; acute visit shall not					9			former and demonstrate to the second	
TSW TSW TSW	exceed one day.	TSW	AC							
TSW 4 Hours per day, 7 days TSW	Appointment wait times: specialty care visit wait									
WST	shall not exceed 4 weeks.	TSW	Ş							
MO	PCMs shall be available 24 Hours per day, 7 days	1	•							
	per week.	20	¥			den eine staden eine eine eine				
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### Cost Accountability

Critical Performance Indicator Candidates

		ັ້ວ	tical Perfor	Critical Performance Indicator Candidates	Candidates				The contract of the second section of the second section of the second section
All CPI Candidates for Cost Accountability scored for J	for JUI	UDGE							
			DATA	DATA DATA DATA	DATA	DATA	STE	EXTERNAL	STAKEHOLDER
TITE	ORG.	IYPE	QUALITY	ACCESSIBILITY	TIMELINESS	ACTIONABLE	TINK	BENCHMARK	VALUE
Enrollment Based Capitation									
	TSW	EC .	0.00	0:00	0.00	00.00	0.00	00.00	0.00
	TNV	EC	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	PoT	SH.	0.00	0.00	00'0	0.00	00.00	0.00	0.00
other Designation (FDC) Designation Designation	TAUA								
Actual vs Projected (EDC) Revenues - Regionally	AN .								
Actual vs Projected (EBC) Revenues - MTF Level	Š	1							
(Actual vs Projected Revenues) vs Other Regions	ÀN.⊢	ပ္သ							
MTF Care Purchased Out of Region	AN N								
% of External Care Delivered to Non-enrollees	TNW							•	
									-
a de la companya de l									
								The second secon	The state of the s
in the state of th									
management of the second secon									
The second secon									
Resource Sharing					The state of the s				
	TSW	RS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	NE NE	RS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	PoT	RS	0.00	0.00	0.00	0.00	0.00	00:00	0.00
									enter de care des descripts se écul desparations para de care commun com
Resource Sharing									Table state, emember man . com a c est ac especial as est
Resource Sharing - Estimated Target Expenses vs Actual Expenses (Aggregate & by MTF)	N.	SS						•	
Resource Sharing - Estimated Target Savings vs	Anat	0							
Resource Sharing - MTF Agreement Status	N N	SS							And the second of the control of the control of the second
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and the second s									
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Table   Tabl			5							
NEG   NEG   NATA   DATA   DA	All CPI Candidates for Cost Accountability scored	15	age C							
TSW   CP   0.35   0.40   0.45   0.35   0.40		3	METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TSW   CP   0.35   0.40   0.50   0.45   0.35   0.40	IIIE	ORG.	IYPE	QUALITY	ACCESSIBILITY	TIMELINESS	ACTIONABLE	LINK	BENCHMARK	VALUE
TSW   CP   0.35   0.40   0.50   0.45   0.35   0.40	Claims Processing									
TNW   CP   0.45   0.40   0.45   0.50   0.40		TSW	පු	0.35	0.40	0.50	0.45	0.35	0.40	0.35
PoT   CP   0.20   0.10   0.15   0.20   0.10   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.15   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.20   0.2		NY.	9	0.45	0.40	0.40	0.45	0.50	0.40	0.45
all TSW all TSW and beceipts for TSW at least from TSW (claims tion TSW total at least TSW (claims tion TSW		PoT	S S	0.2	0.20	0.10	0.10	0.15	0.20	0.20
all TSW evel not eceipts TSW eeeipts for TSW eseipts for TSW evel not may and within 13 TSW (daims tion TSW (daims from total at least TSW (daims from TNW (daims tem) TNM (da	- Control of the cont									
all TSW one oceipts TSW one oceipts TSW one oceipts for TSW one oceipts from TSW one oceipts	ocessing	10.04	3							
all TSW oceipts TSW oceipts for TSW oceipts for TSW ociains tion TSW ociains tion TSW ociains tion TSW ociains tion TSW ociains for TSW ociains tion TSW ociains ociains ociains tion TSW ociains ocia		<u>}</u>	3							
evel not not beceipts TSW TSW ceeipts for TSW within 13 TSW claims tion TSW claims to be at least to total at least TSW to total total to total total total total total total TSW (and (22%) total TNW (and (22%) TNW (and (22	Claims and Adjustment Claims Processing Timeliness: Seventy-five percent (75%) of all									
not not not beceipts TSW awithin 13 TSW claims tion TSW total at least TSW total total total TNW total TNM		TSW	8							
eceipts TSW not asipts for TSW ms and within 13 TSW claims tion TSW total at least TSW total for total at least TSW total TNW total TNM	Claims and Adjustment Claims Inventory Level							man of the latest of the lates		
eceipts TSW not ability for TSW ms and within 13 TSW claims tion TSW total at least TSW total nt (22%) TNW tem) TNW tem) TNW total TNW tem)	(over 30 calendar days from receipt) shall not									
beings for TSW ms and within 13 TSW claims tion TSW total at least TSW total nt (22%) TNW tem)	exceed a 2.5 times the average daily net receipts				•					
mot not mot must and must and must and must it in TSW total at least to per fit in (22%) TNW tem)		TSW	8							
ms and ms and ms and within 13 TSW claims tion TSW total at least 1 TSW total nt (22%) TNW tem)										
ms and ms and ms and tion TSW tion TSW total at least TSW total at least TSW TNW tem)	(over 60 calendar days from receipt) shall not								-	
ms and ms and TSW claims tion TSW total total TSW total TSW total TSW TSW total TNW ttem) TNW ttem) TNW	exceed 0.6 times the average daily net receipts for									
within 13 TSW claims tion TSW total at least TSW		TSW	გ					,	, ,	
within 13 TSW claims tion TSW total at least TSW TSW total at least TSW TSW TNW ttem) TNW	Ninety-five percent (95%) of all SHCP claims and									
tion TSW total at least TSW TSW total at least TSW TSW total at (22%) TNW	ced to completion within 13							•		
tion TSW total at least TSW TSW TSW the feast TSW TSW TWW TWW TWW TWW TWW TWW TWW TWW		TSW	8							
tion TSW total at least TSW TSW TSW the transfer to the transfer TNW	One hundred percent (100%) of all SHCP claims									
total at least TSW (). TSW (). TSW (). TSW (). TNW ().	and adjustments shall be priced to completion									
total at least TSW TSW the feet feet feet feet feet feet feet f		TSW	မ						,	
at least TSW TSW pper f benefit in (22%) TNW										
TSW pper ff benefit in (22%) TNW	claims received (by Option Period) will be at least						•			
nt (22%) Int (22%) TNW TNW TNW TNW TNW TNW TNW TNW TNW		TSW	ဦ							
nt (22%) TNW TNW TNW TNW TNW TNW TNW TNW TNW	OHI: The contractor will identify/pursue proper									
nt (22%) TNW Item) TNW TNW TNW TNW TNW TNW	payment of OHI claims to avoid payment of benefit					,				
Thuy Thuy Thuy Thuy Thuy Thuy Thuy Thuy	dollars equal to or below twenty-two percent (22%)									
ttem) TNW TNW TNW TNW TNW TNW TNW	(for Option Period 3).					44				
ttem) TNW TNW TNW TNW TNW TNW TNW		<u>Ş</u>	පු							
- Top 5 Denial Codes TNW umes TNW utical Services - Claim Cost TNW		N.E	පු							
TNW TNW Cost TNW		WNT	SP							
TNW n Cost TNW		Š.	පු							
ANA		AN.	<b>S</b>							
		N.	g							

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aparama dendera planta de la companya de la company									
All CPI Candidates for Cost Accountability scored for J	I for JU	UDGE							
		METRIC	DATA	DATA	DATA	DATA	STRATEGIC		STA
IIICE	ORG.	TYPE	QUALITY	QUALITY ACCESSIBILITY	TIMELINESS ACTIONABLE	ACTIONABLE	LINK	BENCHMARK	
Claims			·						
% Clean claims processed in thirty days	PoT	ဝ							
% non contracted physician clean claims in							And the same of th	7	to per company des este revent a desar desart de deservoir de la company
thirty days	PoT	ပ္ပ					-		
% of contracted physician clean claims in thirty				And the state of t		T (0)			
days	PoT	ဝ							
% clean claims processed in 30 days	PoT	<del>р</del>							
Financial accuracy of claims	PoT	<u>გ</u>				7			Manage of the State of the Stat
Payment accuracy of claims	PoT	<u>გ</u>							
Procedural accuracy of claims	PoT	ರಿ							The second of th
			:			The Party of the State of the S			
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Andrews and the second									
· ·									
Pnarmaceuticals									
	AN L	# #	1.00	0.00	100	0.00	0.00	0.00	0.00
THE PROPERTY OF THE PROPERTY O	PoT		0.00	00.0	0.00	0.00	00.0	0.00	00.0
Pharmacy									
IPS - 30 Day vs. 31 Day or Greater Supply Trend	ANT	ЬН							
IPS - Generic Drug Utilization Summary	N.								
IPS - OHI Cost Avoidance Reported by Argus	<b>TNW</b>	H							
		-							
					-				
	-	1							

Appendix G

JUDGE Models

Judging Utility: a Decision Generator and Evaluator

Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

Core Domain: Health Status									
Metric Type Evaluated: Utilization Management									
			Ŝ	(1wj)	(2wj)	(3wj)			
	9-point	Coded	Rescaled	Alt.	Alt.	Alt.	Wei	Weighted Composite	osite
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	∢	80	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	ნ	4	22.22	0.45	0.10	0.45	10.00	2.22	10.00
<ol><li>Data Accessibility: metric is readily retrievable</li></ol>	œ	က	16.67	0.40	0.20	0.40	6.67	3.33	6.67
3. Data Timeliness: metric reflects current figures	œ	က	16.67	0.30	0.10	09.0	5.00	1.67	10.00
4. Data Actionable: metric facilitates decision-making	œ	က	16.67	09.0	0.10	0.30	10.00	1.67	5.00
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.70	0.10	0.20	7.78	1.11	2.22
	မှ	_	5.56	0.50	0.10	0.40	2.78	0.56	2.22
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	7	11.11	0.35	0.30	0.35	3.89	3.33	3.89
TOTALS		18	ı						40.00
	Scaling					•	TRICARE	RICARE	PacifiCare
	Factor = 5.56	5.56					Southwest	orthwest	of Texas
	- letet	Ş					Y(1)	Y(2)	Y(3)
NOOPE COMPANY OF THE	(Check = 100)	3							

Core Domain: Health Status Metric Type Evaluated: Quality Management									
			Ŝ	(1wj)	(2wj)	(3wj)			
6	-point	Coded	Rescaled	Alt.	Alt.	Alt.	Wei	Veighted Composite	site
. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	4	8	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0.40	0.20	0.40		4.44	8.89
2. Data Accessibility: metric is readily retrievable	<b>∞</b>	က	16.67	0.40	0.20	0.40		3.33	6.67
3. Data Timeliness: metric reflects current figures	<b>∞</b>	က	16.67	0.40	0.20	0.40		3.33	6.67
4. Data Actionable: metric facilitates decision-making	œ	က	16.67	0.50	0.00	0.50	8.33	0.00	8.33
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.70	0.00	0.30		0.00	3.33
	ဖ	-	5.56	0.40	0.00	09.0		00.0	3.33
	7	7	11.11	0.50	0.00	0.50		00.0	5.56
TOTALS	•	18						I	42.78

Rescaled total = 100 (Check = 100)

Scaling Factor = 5.56

TRICARE TRICARE PacifiCare Southwest Northwest of Texas Y(1) Y(2) Y(3)

Core Domain: Health Status

Judging Utility: a Decision Generator and Evaluator

Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

Metric Type Evaluated: Case Management									
			Ŝ	(1w])	(2wj)	(3wj)			
	9-point	Coded	Rescaled	Alt.	Alt.	Alt.	Weig	Weighted Composite	site
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	4	В	ပ	Alt. A	Alt. B	Alt. C
1 Data Quality: metric is accurate & understandable	6	4	22.22	0.7	0	0.3	15.56	0.00	6.67
2. Data Accessibility: metric is readily retrievable	œ	က	16.67	0.8	0	0.2	13.33	0.00	3.33
3. Data Timeliness: metric reflects current figures	œ	က	16.67	0.75	0	0.25	12.50	0.00	4.17
4. Data Actionable: metric facilitates decision-making	œ	က	16.67	0.4	0	9.0	6.67	00.00	10.00
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.3	0	0.7	3.33	0.00	7.78
	9	-	5.56	0.5	0	0.5	2.78	00.0	2.78
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	7	11.11	0.5	0	0.5	5.56	00.0	5.56
TOTALS	'	18							40.28
	Scaling						TRICARE 1	TRICARE	PacifiCare
	Factor = 5.56	5.56					Southwest Y(1)	Northwest Y(2)	of Texas Y(3)
Rescal (Che (Che	Rescaled total = 100 (Check = 100)	100							
Rescal (Che (Che (Che (Che (Che (Che (Che (Che	Factor = ( ed total = ck = 100)	5.56						Southwest Y(1)	Northwest Y(2)

Core Domain: Health Status Metric Type Evaluated: HC Information Lines									
			Ŝ	(1wj)	(2wj)	(3wj)		١	
	9-point	Coded	Rescaled	At.	Ait.	A.	We	Weighted Composite	osite
Metric Attribute (TSW Perspective)	Rating	Rating	Rating	∢	ω	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	တ	4	22.22	0.5	0.5		11.11	11.11	0.00
2. Data Accessibility: metric is readily retrievable	œ	က	16.67	0.5	0.5		0 8.33	8.33	0.0
3. Data Timeliness: metric reflects current figures	œ	က	16.67	0.5	0.5		0 8.33	8.33	0.0
4. Data Actionable: metric facilitates decision-making	œ	ო	16.67	0.5	0.5		0 8.33	8.33	0.0
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.5	0.5		0 5.56	5.56	0.0
	9	-	5.56	0.5	0.5		0 2.78	2.78	0.0
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.5	0.5		0 5.56	5.56	0.0
TOTALS		18	ı						
	Scaling						TRICARE		PacifiCare
	Factor = 5.56	5.56					Southwest Y(1)	Southwest Northwest Y(1) Y(2)	of Texas Y(3)
Resca (Che	Rescaled total = 100 (Check = 100)	00							

Core Domain: Health Status Metric Type Evaluated: Clinical Indicators

(Vj) (1wj) (2wj) (3wj)

Judging Utility: a Decision Generator and Evaluator
Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

		9-point	Coded	Rescaled	A <del>!</del>	Alt.	Alt.	Wei	Weighted Composite	osite
Ę	Metric Attribute (TSW Perspective)	Rating	Rating	Rating	∢	60	ပ	Alt. A	Alt. B	Alt. C
1. Data Qu	1. Data Quality: metric is accurate & understandable	6	4	22.22	0.8	0	0.2	17.78	00.0	4.44
2. Data Ac	2. Data Accessibility: metric is readily retrievable	<b>60</b>	က	16.67	6.0	0	0.1	15.00	0.00	1.67
3. Data Tir	3. Data Timeliness: metric reflects current figures	<b>6</b> 0	က	16.67	0.85	0	0.15	14.17	0.00	2.50
4. Data Ac	4. Data Actionable: metric facilitates decision-making	ထ	က	16.67	0.2	0	0.8	3.33	0.00	13.33
5. Strateoi	5. Strategic Link: metric is aligned with mission, vision, goals, & object	ctive 7	7	11.11	0.3	0	0.7	3.33	0.00	7.78
6. Externa	6. External Benchmark: metric is used by other health plans	9	-	5.56	9.0	0	0.4	3.33	0.00	2.22
7. Stakeho	7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	7	11.11	0.5	0	0.5	5.56	0.00	5.56
TOTALS			18	ı						37.50
		Scaling	a				•	TRICARE	TRICARE	PacifiCare
		Factor	actor = 5.56				-	Southwest	Northwest	of Texas
		Rescaled total = 100 (Check = 100)	100					Y(1)	Y(2)	Y(3)

	Core Domain: Operations/Member Services Metric Type Evaluated: Provider Services	9								
		9-point	Coded	(Vj) Rescaled	(1wj) Aff.	(Zwj.	(3wj) Alt.	× ×	Weighted Composite	osite
ž	Metric Attribute (TSW Perspective)	Rating	Rating	Rating	4	æ	ပ	Alt. A	Alt. B	Alt. C
1	. Data Quality: me	6	4	22.22	0.7	0.1	0.3	15.56	2.22	6.67
. 7	2. Data Accessibility: metric is readily retrievable	80	က	16.67	0.8	0.1	0.2	13.33	1.67	3.33
(*)	3. Data Timeliness: metric reflects current figures	80	က	16.67	0.75	0.1	0.25	12.50	1.67	4.17
4	4. Data Actionable: metric facilitates decision-making	80	က	16.67	0.3	0.1	9.0	5.00	1.67	10.00
4()	5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	9.0	0.1	0.3	6.67	1.1	3.33
·	6. External Benchmark: metric is used by other health plans	9	-	5.56	0.45	0.1	0.45	2.50	0.56	2.50
	7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	7	11.11	0.65	0.1	0.25	7.22	1.11	2.78
	TOTALS		18							32.78
		Scaling Factor = 5.56	5.56					TRICARE TRICARE Southwest Northwest	TRICARE Northwest	PacifiCare of Texas
	Resc. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch	Rescaled total = 100 (Check = 100)	100					2	(7)	2
	Con Domain: Oranstione Mamber Sanicae				•					
	Metric Type Evaluated: Customer Service									
				197	14.00)	(200)	(3)			

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Alt. C

Weighted Composite

Alt. A

G At (3%)

B At (Zwj)

(1 | ¥ (1) | ¥ (1)

(Vj) Rescaled Rating

Coded Rating

9-point Rating

Metric Attribute (TSW Perspective)

ž

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1. Data Quality: metric is accurate & understandable	4	22.22	9.0	0.3	0.1	13.33	6.67	2.22
2. Data Accessibility: metric is readily retrievable	က	16.67	0.3	9.0	0.1	5.00	10.00	1.67
3. Data Timeliness: metric reflects current figures	<sub>80</sub>	16.67	4.0	0.5	0.1	6.67	8.33	1.67
4. Data Actionable: metric facilitates decision-making	დ დ	16.67	0.7	0.2	0.1	11.67	3.33	1.67
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7 2	11.11	9.0	0.25	0.15	6.67	2.78	1.67
6. External Benchmark: metric is used by other health plans	9	5.56	0.45	0.45	0.1	2.50	2.50	0.56
യ	7 2	11.11	9.0	0.3	0.7	6.67	3.33	1.11
TOTALS	18				_		36.94	
	Scaling					TRICARE	TRICARE	
	Factor = 5.56					Southwest	Northwest	of Texas
						Y(1)	Y(2)	
Rescale	Rescaled total = 100							
(Chec	k = 100)							

	Coded	Metric Attribute (TSW Perspective) Rating Rating R	1. Data Quality: metric is accurate & understandable 9 4	2. Data Accessibility: metric is readily retrievable 8 3	3. Data Timeliness: metric reflects current figures	4. Data Actionable: metric facilitates decision-making	5. Strategic Link: metric is aligned with mission, vision, goals, & objective 7 2	4		18
(Vj) (1wj)		Rating A		16.67 0.5			Ū	5.56 0.3		
(2wj)	Alt.	æ						.3 0.35		
(3wj)	Alt.	၁	0.5	0.2	0.1	0.8	0.7	0.35	0.35	
	Weig	Alt. A	6.67	8.33	10.00	1.67	1.67	1.67	3.33	33.33
	Weighted Composite	Alt. B	4.44	5.00	9.00	1.67	1.67	1.94	3.89	
	site	Alt. C	11.11	3.33	1.67	13.33	7.78	1.94	3.89	

Scaling Factor = 5.56			TRICARE Southwest	TRICARE Northwest	TRICARE TRICARE PacifiCare Southwest Northwest of Texas
Rescaled total = 100			Y(1)	Y(2)	Y(3)
(Check = 100)					
Core Domain: Operations/Member Services					
Metric Type Evaluated: Enrollment (Vj) (1wj)	i) (2wj)	(3wj)			

	9-point	Coded	Rescaled	At.	Alt.	At.	Wei	phted Comp	osite
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	4	8	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0.3	9.0	0.1	6.67	13.33	2.22
2. Data Accessibility: metric is readily retrievable	œ	က	16.67	0.4	0.5	0.1	6.67	8.33	1.67

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0.1 3.33 11.67 1.67 0.2 3.33 0.1 8.89 1.11 0.2 2.22 1.11 0.1 8.89 1.11 24.44 EXECARE PacifiCare Southwest Northwest of Texas Y(1) Y(2) Y(3)
3.33 11.67 1 3.33 10.00 3 1.11 8.89 1 2.22 2.22 1 1.11 8.89 1 24.44 8.89 1 ARE TRICARE Pacific thwest Northwest of Text
11.67 1 10.00 3 8.89 1 2.22 1 8.89 1 RE Pacific west of Tex

Core Domain: Operations/Member Services Metric Type Evaluated: Access to Care									
			Ŝ	(1wj)	(2wj)	(3wj)			
	3-point	Coded	Rescaled	Alt.	Alt.	Alt.	Wei	<b>Neighted Composite</b>	site
Metric Attribute (TSW Perspective)	Rating	Rating	Rating	∢	œ	ပ	Alt. A	Alt. B	Alt. C
	6	4	22.22		0.5	0.1		11.11	2.22
2. Data Accessibility: metric is readily retrievable	<b>∞</b>	က	16.67		9.0	0.1		10.00	1.67
3. Data Timeliness: metric reflects current figures	œ	က	16.67		0.7	0.1		11.67	1.67
4 Data Actionable: metric facilitates decision-making	œ	ന	16.67		0.45	0.1		7.50	4.6
5 Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.2	0.7	0.1		7.78	1.11
ם י	9	-	5.56		0.4	0.2		2.22	1.1
	7	7	11.11		9.0	0.15	2.78	6.67	1.6
TOTALS	•	18	ı				31.94		

Sca	Scaling Factor = 5.56				Southwest	TRICARE TRICARE PacifiCare Southwest Northwest of Texas	PacifiCare of Texas	
Rescaled total = 100 (Check = 100)	al = 100 (00)				<u> </u>	(7)		
Core Domain: Cost Accountability Metric Type Evaluated: Enrollment Based Capitation	(S)	(1wj)	(Zwj)	(3wj)				

	9-point	Coded	Rescaled	Alt.	Alt.	Alt.	Wei	Veighted Composite	site
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	¥	В	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0	-	0	00.00	22.22	0.00
2. Data Accessibility: metric is readily retrievable	60	ო	16.67	0	-	0	0.00	16.67	0.00
3. Data Timeliness: metric reflects current figures	œ	က	16.67	0	-	0	0.00	16.67	0.00
4. Data Actionable: metric facilitates decision-making	œ	ო	16.67	0	-	0	0.00	16.67	0.00

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<ol> <li>Strategic Link: metric is aligned with mission, vision, goals, &amp; objective</li> <li>External Benchmark: metric is used by other health plans</li> <li>Stakeholder Value: metric reflects customer(s) agenda(s)</li> <li>TOTALS</li> </ol>	7 2 7 7 2 1 18	11.11 5.56 11.11	000	 000	0.00	11.11 5.56 11.11	0.00	
	Scaling Factor = 5.56			E S	CARE 1	TRICARE TRICARE F Southwest Northwest	PacifiCare of Texas	
Rescaled (Check	(Check = 100)				<u> </u>	(2)	(c)	

	Core Domain: Cost Accountability Metric Type Evaluated: Resource Sharing									
				Ŝ	(1wj)	(2wj)	(3wj)			
		9-point	Coded	Rescaled	Alt.	Alt.	Ä	3	Weighted Composite	posite
ž	Metric Attribute (TSW Perspective)	Rating	Rating	Rating	4	В	ပ	Alt. A	Alt. B	Alt. C
1	i. Data Quality: metric is accurate & understandable	6	4	22.22	0	1	,	00.0	0 22.22	
N	<ol><li>Data Accessibility: metric is readily retrievable</li></ol>	œ	ო	16.67	0	1		0.00	16.67	
n	<ol><li>Data Timeliness: metric reflects current figures</li></ol>	∞	က	16.67	0	_		0.0	16.67	
4	. Data Actionable: metric facilitates decision-making	œ	က	16.67	0	_		0.0	16.67	
S	5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0	~		0.00	11.11	00.00
9	6. External Benchmark: metric is used by other health plans	9	-	5.56	0	-		0.00	0 5.56	
7	der Value: metric reflects customer(s) age	7	7	- 11.11	0	-		0.00	0 11.11	
	IOIALS		<u>0</u>							
		Scaling Factor = 5.56	5.56					TRICARE	Southwest Northwest	PacifiCare of Texas
	Res. (C	Rescaled total = 100 (Check = 100)	100					3	(2)	2
	Core Domain: Cost Accountability									
	Metric Type Evaluated. Clariffs Processing	,		6	14	Ç				

			Ŝ	(1wj)	(2wj)	(3wj)			
	9-point	Coded	Rescaled	-	Alt.	Alt.	Weig	hted Compo	site
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	4	₩	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0.35	0.45	0.2	7.78	10.00	
2. Data Accessibility: metric is readily retrievable	œ	က	16.67	0.4	4.0	0.2	6.67	6.67	3.33
3. Data Timeliness: metric reflects current figures	œ	က	16.67		4.0	0.1	8.33	6.67	1.67
4. Data Actionable: metric facilitates decision-making	œ	က	16.67		0.45	0.1	7.50	7.50	1.67
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.35	0.5	0.15	3.89	5.56	1.67
<ol><li>External Benchmark: metric is used by other health plans</li></ol>	ဖ	-	5.56		4.0	0.5	2.22	2.22	1.11

Judging Utility: a Decision Generator and Evaluator

Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

7. Stakeholder Value: metric reflects customer(s) agenda(s) TOTALS	7	18	11.11	0.35	0.45	0.2	3.89	5.00	2.22
	Scaling Factor = 5.56	5.56					TRICARE Southwest	医肠	PacifiCare of Texas
Resc (Ch	Rescaled total = 100 (Check = 100)	100					Ē.	(2)	(c) -
Core Domain: Cost Accountability									
Metric Type Evaluated: Pharmaceuticals	_		S	(1wi)	(2wi)	(3wi)			
11.	9-point	Coded	Rescaled	Aff.	. A.	₹ ८	× ×	Weighted Composite	posite
1 Data Quality: metric is accurate & understandable	6	Patilig 4	22.22	(	-		0.00		
2. Data Accessibility: metric is readily retrievable	œ	က	16.67	0	-		00.00		
3. Data Timeliness: metric reflects current figures	œ	က	16.67	0	-		0.00		
4. Data Actionable: metric facilitates decision-making	œ	က	16.67	0	-		0.00	16.67	0.00
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0	-		0.00	11.11	0.00
	ဖ	-	5.56	0	-		0.00	5.56	
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0	-		0.00	11.11	0.00
TOTALS		8							
	Scaling						TRICARE	TRICARE TRICARE	PacifiCare
	Factor = 5.56	= 5.56					Southwest	Northwest	of Texas
Resc (CI	Rescaled total = 100 (Check = 100)	100					2		

# Appendix H Critical Performance Indicators

		(As identified through comparative analysis using JUDGE Model)	alysis usi	ng JUDGE N	(lapoy				
	METRIC				FAMILY	FAMILY OF HEALTH PLANS	PLANS		
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	DP
TSW	W <sub>O</sub>	ER visits per 1000 enrollees	×	×					
TSW	N)	Hospital admissions per 1000 enrollees	×	×					
TSW	MO	Specialty referrals per 1000 enrollees	×	×					
TSW	5	Outpt visits per specialist per 1000 enrollees	×	×					
TSW	<b>∑</b>	Average LOS by DRG	×	×					
		Medical/Surgical preauthorization							
TCM	M	determinations on 100% of all requests shall	×	×					
MO	N O	De Issued Within (3) Workdays.	<	<					
		Mental Health preauthorization determinations on 100% of all requests shall be issued within							
TSW	Σ	(5) workdays.	×	×					
TSW	ΜÖ	Total number (%) grievances	×	×			To de la constante de la const		
TSW	Ω̈́	Total number outstanding grievances-	×	×					
ANL	ΜÖ	Grievances Processed in (60) Days		×					
TSW	Ø	Total number (%) appeals	×	×			-		
TSW	Ø	Total number outstanding appeals	×	×					
		Medical/Surgical evaluations shall be					!		
TSW	CM	workdays.		×					
		Mental Health evaluations shall be completed							
TSW	CM	on 100% of the cases within (5) workdays.		×					
		HCIL - Total Call Distribution by Services							
ANL	오	Utilized		×					
TSW	ਹ	Health Risk Appraisal (HEAR Stats)		×					
PoT	ਹ	1				•			
PoT	ਹ	Women's and children's health							
Fod	כ	Cardiovascular health							

		Critical Performance indicators	e Indicator	ş					
		(As identified through comparative analysis using JUDGE Model)	nalysis us	ing JUDGE	Model)				
	METBIC				FAMILY	FAMILY OF HEALTH PLANS	I ANS		
SOLIBOR	TYPE	ш			Extra	Standard	Remote	FEHBP	PP
PoT	5	Depression							
PoT	ರ	Smoking Cessation							
TSW	PS	Provider Satisfaction Survey		×					
TSW	PS	Network Adequacy Report		×					
TSW	PS	# adverse actions	×	×					
TSW	PS	# privileged providers by specialty	×	×					
TSW	PS	#privileged providers by adverse actions	×	×					
70,01	C	Identify and resolve provider relations issues		>					
MO	2	Within 50 calefidat days of idefinition of .		<					
		TRICARE Service Center							
		Ninety percent (90%) of all calls must be		_			- 1		
		acknowledged by a telephone representative							
		or Automated Response Unit (ARU) within 120							
TSW	SS	seconds after initial greeting.	×	×					
		Eighty percent (80%) of calls must be handled							
TSW	SS	to completion during the inital call.	×	×		,			
		If call is not completed during initial call, call							
TSW	SS	back must be made within 2 days.	×	×					
		Ninety-five percent (95%) of all final call							
		backs or written replies must be provided			,				
TSW	SS	within 10 days.	×	×					
		One hundred percent (100%) of all final call							
		backs or written replies must be provided							
TSW	S	within 20 days.	×	×					
		Beneficiaries telephoning the TSC shall be							
TSW	တ	placed on hold for no longer than 5 minutes.	×	×					

			Se Indicate	2					
		(As identified through comparative analysis using JUDGE Model)	analysis us	sing JUDG	E Model)				
	METRIC				FAMILY	OF HEALTH PLANS	H PLANS		
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	P
		Ninety-eight percent (98%) of walk-in inquiries							
		will be resolved within the initial visit. The							
		balance will be tracked to ensure final							
		response is rendered within 2 days of receipt							
TSW	SS	of the inquiry.	×	×					
		Walk-in beneficiaries will be greeted within 5							
TSW	SS	minutes of arrival.	×	×					
		Referral Services available at TSCs with no							
		more than a 15 minute wait for beneficiaries							
TSW	SS	visiting the HCF.	×	×					
		Customer Service available at TSCs with no							
		more than a 15 minute wait for beneficiaries							
TSW	SS		×	×					
ANL	SS	Reasons for TSC Walk-ins	×	×					
ANL	SS	Reasons for TSC Calls	×	×					
		The Toll-Free telephone busy signal rate shall							
TSW	SS	never exceed 20%	×	×					
		Eighty percent (80%) of all calls shall be							
		acknowledged within twenty (20) seconds by							
TSW	SS	an individual or electronic device.	×	×					
		Ninety percent (90%) of all calls must be							
		handled by a telephone representative or							
		automated response unit (ARU) within 120							
TSW	SS	seconds after acknowledgment.	×	×					
		Eighty percent (80%) of calls must be handled							
					*****				
		complete when the caller has all of the							
TSW	S	information needed regarding their situation).	×	×					
		Incomplete callers must receive return calls							
TSW	SS	within 2 working days.	×	×					

FAMILY OF HEALTH PLANS  Extra Standard Remote FEHBP	
Standard Remote	FAMILY
	Extra
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	×
	<×

SOURCE		(As identified through comparative analysis using JUDGE Model)	aliveie ne	10011	MALANI.				
W W			diyoio uo	apono gui	(Ianowi				
JRCE									
IRCE W	METRIC				FAMILY	FAMILY OF HEALTH PLANS	H PLANS		
2	TYPE	TITLE			Extra	Standard	Remote	FEHBP	PP
	AC	% of PC Acute Appts Meeting Prime Access Std	×	×		1-2-1-2-1			
_		% of PC Routine Appts Meeting Prime Access							
MNT	AC	Std	×	×					
		% of PC Well Appts Meeting Prime Access	>	>					
AN.	AC		×	<b>×</b>					
WNT	AC	% of Specialty Appts Meeting Prime Access Std*	×	×					
ANA	AC	Patient Satisfaction Regarding Appt Access	×	×					
		Prime Disengagements from MTF due to	;	;					
AN L	AC	failure to meet access stds	×	×					
		Actual ve Draiocted (EBC) Devenues							
MNL	<u>П</u>	Regionally		×		,			
		Actual vs Projected (EBC) Revenues - MTF							
ANL	EC	Level		×					
		(Actual vs Projected Revenues) vs Other		;					
AN-	EC			×					
ANL T	ပ္သ	MTF Care Purchased Out of Region		×					
WNT	2	% of External Care Delivered to Non-enrollees							
		Resource Sharing - Estimated Target							Author Age of the Control of the Con
TNW	RS	Expenses vs Actual Expenses (Aggregate & by MTF)		×					
	C	Resource Sharing - Estimated Target Savings		>					
AN.	2	vs Actual Savings (Aggregate & by MIP)		< >					
MNL	RS	Resource Sharing - MTF Agreement Status		×					
MN	ე ე	Claims Processed in 21 Days		×					

			Indicators					
		(As identified through comparative analysis using JUDGE Model)	alysis using JUDC	Model)				
	METRIC			FAMILY	FAMILY OF HEALTH PLANS	H PLANS		
SOURCE	TYPE	TITLE		Extra	Standard	Remote	FEHBP	DP
741147	5	GSU Claims Processed in 21 Days (In-	>					
AN AN	5 8	GSU Denied Claims	<×					
WNL	9	GSU Denied Claims - Top 5 Denial Codes	×					
MNT	CP	Electronic Claim Volumes	×					
VINE	٥	Integrated Pharmaceutical Services - Claim	*					
	5							
		IPS - 30 Day vs. 31 Day or Greater Supply	:					
NN N	H.	Trend	×					
AN.	H	IPS - Generic Drug Utilization Summary	×					
WNT	H	IPS - OHI Cost Avoidance Reported by Argus	×	:				
For the ren	naining produ	** For the remaining product lines, applicability should be determined by the Executive Staff.	Executive Staff.					